**RELEASE FORM**

ASTEF – Alpha State Texas Educational Foundation

TSO Delta Kappa Gamma Society International

This permission form is in effect for the following purposes:

* Use of photographs and or printed works, submitted either by the named individual below or other authorized state association representatives / photographers;
* Use of photographs which contain images of personal property associated with the named individual below;

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**PERMISSION FOR USE OF VISUALS AND OR PRINTED WORKS**

I grant to ASTEF / TSO / DKG, their representatives and employees, the right to take photographs of me and my property, and to use my submitted photographs and or printed works and my name in connection with all approved association communications.

I agree that ASTEF / TSO / DKG, their representatives and employees, may use photographs of me or my personal works with or without my name and for any lawful purpose, including publicity, illustration, advertising, and Web content.

I give permission for any photographs/personal works submitted by me or taken of me, to be edited, copied, exhibited, or published by the ASTEF / TSO / DKG as they deem appropriate.

I have read and understand the above:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if under age 18)

Permission forms will remain on file for a two year period to be renewed each TSO/DKG biennium.

Forms may be completed and emailed to [webmaster@astef.org](mailto:webmaster@astef.org) or mailed to

Shirley Owens, 2517 Vernell Way, Round Rock, TX 78664