

2023-2024 Debutante Cotillion and Scholarship Program

Alpha Kappa Alpha Sorority, Incorporated® Eta Omicron Omega Chapter

PHOTO CONSENT FORM

I hereby consent and agree that Alpha Kappa Alpha Sorority, Incorporated® Eta Omicron Omega Chapter has the right to take or use photographs of me and to use these photographs in any and all media locally including online, now, or hereafter known, and for purposes of promotion and recruitment.

I hereby release to Alpha Kappa Alpha Sorority, Incorporated® Eta Omicron Omega Chapter all rights to exhibit this work in print and electronic form publicly or privately and to market copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Debutante's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Debutante's Signature:  
\_\_\_\_\_

Parent/Guardian's Signature:  
\_\_\_\_\_

(If under 18 Guardian will sign)

Date: \_\_\_\_\_