



## Photo Release Form

*Society of Women Engineers – Central Illinois Section  
P.O. Box 96, Mossville, IL 61552  
Peoria, IL, 61614*

Permission to Use Photograph

Event: \_\_\_\_\_

Location: \_\_\_\_\_

I grant to the Society of Women Engineers, the right to take photographs of me and my family in connection with the above-identified event. I authorize the Society of Women Engineers, its assignees and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the Society of Women Engineers may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

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

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_  
(if under age 18)