



National Society Daughters of the American Revolution

PHOTO/VIDEO RELEASE FORM

I, *(please print full name neatly)* _____,
hereby grant permission to the National Society Daughters of the American Revolution (NSDAR),
including any of its chapters or state societies, to publish photos/images/videos including the name of
my child in press releases and/or other materials either in print or electronic format for purposes deemed
appropriate by the NSDAR.

I am signing this release form with the knowledge that any photos/images/videos posted
electronically and in press releases can be downloaded and reprinted by news organizations, individuals
and others including print, electronic, and broadcast media, and I, therefore, release the NSDAR from
any liability arising from use of my child's photos/images/videos in web postings.

I further understand that if I wish to rescind this agreement, I may do so at any time by sending a
letter to NSDAR. I further understand that already published photos/images/videos cannot be recalled.
The requested rescission will take effect upon receipt of the notification.

Name of minor child: _____
(PRINT NAME)

Signature: _____ Date: _____

NSDAR CONTACT INFORMATION

Name of Contact: _____

Phone No. (_____) _____ E-mail _____