

# PWOC Photo Release Form

*Protestant Women of the Chapel*

**Local Installation:** \_\_\_\_\_

**Ministry year:** \_\_\_\_\_ *(June 1-May 31)*

I grant PWOC the right to take photographs/ videos of me in connection with PWOC activities.

I authorize PWOC to use and publish the same in print and/or electronically.

I agree that PWOC may use such photographs/ videos of me with or without my name and for any lawful purpose, including Web content.

**I have read and understand the above:**

	<b>Name</b>	<b>Signature</b>
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