



P.O. Box 7895
Madison, WI 53707-7895
608.274.9001

Photographic Release Form

I (print name) _____ grant InterVarsity Christian Fellowship/USA, including its employees, contractors, volunteers, agents and assigns, permission to take photographic images, video, testimonies, quotes, or sound recordings of me, and grant InterVarsity all right, title, and interest to make, use, reproduce, and/or distribute the photographs, film, video, testimonies, quotes, and sound recordings of me connected with the event/activity without rights to royalties, proceeds, or other benefits derived from its use.

I understand that they may be used to promote the ministry of InterVarsity, which includes, but is not limited to being posted on the internet.

Signature _____

Date _____



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