Media/Photo Release Form for the Polish Women's Alliance of America

This form needs to accompany the individual's scholarship application form.

I hereby irrevocably give the Polish Women's Alliance of America the right and permission to copyright and/or publish, reproduce or otherwise use my name, voice and likeness and/or written material, photographs, motion pictures, and audio-visual, magnetic recordings about or by me for instruction, art, advertising, trade or any other lawful purpose.

I hereby agree to relinquish all rights, title and interest I may have in the finished product or the advertising copy that may be used in connection therewith, and waive all rights to payment or compensation.

Name: ____
(Please Print)

Address: ____

Signature: _________________________________**Date**_______________

If I am legally underage, my undersigned parent(s) or legal guardian(s) hereby consents, jointly and severally, to the above and agrees to indemnify and hold the Polish Women's Alliance of America harmless against any claim of mine or of my heirs, executors or administrators, arising hereunder which may hereafter be asserted against the Polish Women's Alliance of America.

Name of Parent/
Guardian: ____
(Please Print)

Signature: ____**Date**______________

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______ Please submit your local newspaper information below. The second photo will be sent to this newspaper with your PWA scholarship announcement, if awarded.

Name of local newspaper:____
Address:____
City, State and Zip Code: ____

(Attach an extra sheet of paper if more than one newspaper submitted)
(Enclose additional photos, one photo per each newspaper)