PHOTO RELEASE & SOCIAL MEDIA POLICY FORM

I hereby grant the Arizona Historical Society permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the Arizona Historical Society and will not be returned.

I hereby irrevocably authorize the Arizona Historical Society to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the Arizona Historical Society from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

The Arizona Historical Society recognizes that volunteers and interns may have personal social media sites such as a Twitter, InstaGram, or Facebook account.

Volunteers and interns shall engage in acceptable authorized use of the AHS Information Resources in a manner consistent with the organization’s mission, values, and administrative policies and procedures.

During the time affiliated with AHS, if a volunteer or intern has a personal blog, social media platform or website, they are prohibited from attributing any personal statements, opinions, or beliefs to the Historical Society. If a volunteer or intern does post information which directly references the AHS or its activities, they must include a statement that the post is the volunteer's/intern’s personal opinion and not the views of the Historical Society.

I have read and agree to abide by the terms of this policy. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE. IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/LEGAL GUARDIAN AS EVIDENCED BY THEIR SIGNATURES BELOW.

Name (print): ___________________________________________________________

Signature: __________________________________________________________________

Date: __________________

Please check one:     Intern _____     Volunteer _____

Dates/ Time of Service: __________________________________________________________________

If under 18, PARENT/GUARDIAN MUST SIGN

________________________________________________________________________

Individually and as parent and legal guardian     Date