



Photography Opt-Out Form

I do **not** authorize 100 Women Who Care Eau Claire to use recordings or photographs of myself in whole or part for advertising, media, video, audio, or other promotional purposes of 100 Women Who Care Eau Claire.

I hereby confirm that I am of legal age (over **18**) and have every right to contract in my own name. I further affirm that I have read the above "Photography Opt-Out Form" and am familiar with its contents. I will notify photographers in my vicinity that I do not wish to be photographed. In signing this Form, I understand that 100 Women Who Care Eau Claire will make reasonable efforts to avoid access to, or remove, my image for all purposes identified herein.

Date: _____ Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

I hereby confirm that I have read the above "Media Images Opt-Out Release," and am familiar with its contents.

Signature: _____

Return this form to the info@100womeneauclaire.org