



Photography/Video Release Form

I hereby grant permission to the Sibling Leadership Network (SLN) and SLN's state chapters to use my photograph/video in printed/video publications on the websites and in other media without further consideration. I acknowledge the SLN's right to crop or treat the photograph/video at its discretion. I also acknowledge that the SLN may choose not to use my photo/video at this time, but may do so at its own discretion at a later date.

I also understand that once my image/video is posted on SLN's websites, the image/video can be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless from any claims the SLN and state chapters.

Name: _____

Date: _____

Signature: _____

SLN reserves the right to discontinue use of photos/videos without notice.