**PHOTO AND VIDEO RELEASE FORM**

**I. Permission to Take and/or Use Photograph/Video** I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant American Women’s Club FL and its representatives permission to take photographs, video recordings, or other media containing my image, likeness, or voice. Additionally, I may specify my preferences for their use below.

**II. Scope of Use (Please select your preferences by checking the appropriate boxes):**

[ ] I allow my photograph/video to be taken but NOT published or shared.

[ ] I allow my photograph/video to be taken and used internally (e.g., internal reports, team communications).

[ ] I allow my photograph/video to be taken and published externally, including but not limited to: - Websites and social media platforms - Printed promotional materials (flyers, brochures, posters, etc.) - Digital advertisements and presentations - Press releases and media publications

I acknowledge that these materials may be used for an indefinite period unless I provide written notice requesting the cessation of use.

**III. Consent for Family Members at Events** If my spouse/partner and/or children attend an event organized by American Women’s Club FL, I grant or deny permission for their images to be taken and used as follows:

For my **spouse/partner**:

[ ] I allow photographs/videos of my spouse/partner to be taken but NOT published or shared.

[ ] I allow photographs/videos of my spouse/partner to be taken and used internally.

[ ] I allow photographs/videos of my spouse/partner to be taken and published externally.

[ ] I do not allow photographs/videos of my spouse/partner to be taken, published or shared.

For my **children (under 18 years old)**:

[ ] I allow photographs/videos of my children to be taken but NOT published or shared.

[ ] I allow photographs/videos of my children to be taken and used internally.

[ ] I allow photographs/videos of my children to be taken and published externally.

[ ] I do not allow photographs/videos of my children to be taken, published or shared.

**IV. No Compensation** I understand that I will receive no compensation, financial or otherwise, for the use of my image, likeness, or voice in these materials.

**V. Compliance with Swiss Data Protection Law (DSG)** This release form is in accordance with the Swiss Federal Act on Data Protection (Datenschutzgesetz, DSG). I understand that I have the right to access, rectify, and request the deletion of my personal data at any time by contacting American Women’s Club FLat *awcfl2025@gmail.com*.

**VI. Revocation of Consent** I understand that I may revoke this consent at any time by submitting a written request to **American Women’s Club FL**. However, I acknowledge that revocation will not apply to any materials already in circulation prior to the request.

**VII. Agreement and Signature** By signing below, I confirm that I have read and understand the terms of this release and voluntarily agree to its provisions.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email/Phone (optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_