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## **Photography Release Form**

*(Please Print)*

Date: \_\_\_\_\_

Photographer's Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby give Professional Educators of North Carolina, Inc. (PENC) and their legal representatives the right and permission to publish my name, school name and photographs for the purpose of publication to any medium, including but not limited to the PENC website, newsletter, brochure, and recruitment material.

In giving my consent, I hereby release and hold harmless PENC, their offices, employees, agents and designees from any and all responsibility or liability. I understand I will receive no compensation, should my photographs be published by PENC.

I have read this agreement and understand it.

\_\_\_\_\_  
Signature of Photographer

\_\_\_\_\_  
Date

Please sign ORIGINAL copy and return to:

Sandra Cyr, Director of Communications  
The Professional Educators of North Carolina  
PO Box 17129  
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