



## Photo/Video Release Form

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I grant to Ladki Love, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Ladki Love, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Ladki Love may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media posts, and Web content.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Signature, parent or guardian \_\_\_\_\_ (if under age 18)

\*scan and email this document to us at [ladkilove@gmail.com](mailto:ladkilove@gmail.com) in the PDF format