



Lehigh Valley Chapter

## Photo Release Opt-Out Form

I understand that my likeness, image, video presence, voice or other reproduction may be used for SHRMLV (Society for Human Resource Management, Lehigh Valley Chapter) for incidental advertising, website images, media, or other purposes. I further understand that no special compensation will be provided for use of my image and that I may not be informed in advance of the specific use of my image. I understand that unless I opt out of this release, my likeness may be used without my specific permission as deemed appropriate by SHRMLV.

**YOU ONLY NEED TO COMPLETE THIS FORM IF YOU OBJECT TO THE INCIDENTAL USE OF YOUR LIKENESS. IF YOU DO NOT OBJECT, YOU DO NOT NEED TO DO ANYTHING WITH THIS FORM.**



### OPT OUT FORM

I, \_\_\_\_\_, am opting out and prohibiting the use of my image or voice in advertising, media, video, audio, or other marketing purposes of SHRMLV. In signing this Form, I understand that SHRMLV will make reasonable efforts to avoid access to, or remove, my image or voice for all purposes identified herein.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

Please fax, mail or e-mail signed form to:

E-Mail – [admin@shrmlv.org](mailto:admin@shrmlv.org)

Fax: 215-536-8523

Address: SHRMLV

PO Box 270

Coopersburg PA 18036