



Media Images Opt-Out Form

I do not authorize the ARMA Triangle Chapter or its officers or board members, to use recordings or photographs of myself in whole or part for advertising, media, video, audio, or other marketing purposes of ARMA. I hereby confirm that I am of legal age (over 18) and have every right to contract in my own name. I further affirm that I have read the "Photo & Media Policy" and am familiar with its contents. I have provided a picture of myself to be used as reference to assure my dis-inclusion in any images used by ARMA Triangle Chapter. I will notify photographers in my vicinity that I do not wish to be photographed.

In signing this Form, I understand that ARMA Triangle Chapter will make reasonable efforts to avoid access to, or remove, my image or voice for all purposes identified herein.

Date: _____ Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

I have read the "Photo & Media Policy," and am familiar with its contents.

Signature: _____

Return this completed form including a reference photo to Sandra Swain, Public Relations Board Member, at any ARMA Triangle Chapter Event, or scan and email to Saundra.Swain@ppdi.com.

Office Use:

Photo Received By: _____

Date: _____