

## Photo and Information Release Form

I, \_\_\_\_\_  
the undersigned, residing at

\_\_\_\_\_  
(Address) (City) (State) (Zip)

hereby grant Lambda Legal the right to use the information described below, without compensation to me, in electronic form (including the Lambda Legal website) and/or in any Lambda Legal publication or written material: (Initial beside information you release to Lambda Legal for use on the website and in Lambda Legal publications.)

- \_\_\_ My Name
- \_\_\_ My Picture
- \_\_\_ Information about me, including my city, state, and the length of my membership
- \_\_\_ My Story (information about my personal story submitted through the Lambda Legal website)
- \_\_\_ Other: \_\_\_\_\_

I understand that Lambda Legal will use my information, my submitted text and my likeness only for promotional and/or educational purposes. I hereby agree to hold Lambda Legal, its licensees and affiliates harmless from any liability resulting from my statements and actions depicted or described in the information, text and graphic representations herein submitted.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of minor child (if applicable)

\_\_\_\_\_  
Signature of parent/legal guardian  
(if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Telephone

\_\_\_\_\_  
Contact Email

**Return this form to:** “Share Your Story” Lambda Legal,  
120 Wall St., Ste. 1500, New York, NY 10005  
**or by fax:** 212-809-0055