

Picture Release Form Good Shepherd Lutheran Church

IF THE PARTY IS 18 years old or older, complete the following down to the Consent section; otherwise, the parent or legal guardian must also sign.

I, _____, do hereby give Good Shepherd Lutheran Church (GSLC) , its assigns, licensees, and legal representatives the irrevocable right to use my picture, portrait or photograph in all forms and media and in all manner, for the advertising, trade or in any other lawful purpose for the benefit of Good Shepherd Lutheran Church only. I hereby forever waive any right to inspect or approve the finished product, including but not limited to, written copy and/or an image in print or on a web site, which may be created in connection therewith. I am eighteen (18) years of age or older. I understand that GSLC cannot control the unauthorized use by persons other than Good Shepherd, of my image once such image is published. Any claim I may have concerning unauthorized publication of my image must be pursued by me against the unauthorized user. Good Shepherd disclaims any responsibility for such unauthorized use of my published image.

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver.

Executed this _____ day of _____, 20_____.

Signature of person who printed name appears above.

Signature _____ Witness _____

Address _____ Address _____

Phone _____ City, State, Zip _____

Consent

If person is under the age of 18, his or her parent or legal guardian must also sign.

I, _____, am the parent or legal guardian of the person listed above. I have read and understand the provisions of this document, I consent to the person participating as described above, and I fully enter into and agree to the above Release and Waiver and forever waive any rights therefrom.

_____, 20_____
(Signature of parent or guardian) Date

Address: _____ Phone: _____

City, State, Zip _____