

2019 Adventure Week Image Release Form

LAST NAME (please print)

Please check the box(es) you agree with:

□ I agree to and grant Christ Community Church of Laguna Hills, its staff and authorized representatives permission to record on photography film and/or video, me and/or my child(ren)'s participation in Adventure Week 2019. I grant consent for my and/or my child(ren)'s photos and videos to be used **ONLY** for the printed group photo and end of week slideshow which will be shown at Adventure Week 2019. Children's names will never be listed.

In addition to the above statement, I further authorize Christ Community Church of Laguna Hills use of my/or my child's photographs and/or videos in other church related publications whether electronic or printed at any time they so decide, without further consideration. I acknowledge the right of Christ Community Church of Laguna Hills to crop or treat the media containing the image or likeness of me and/or my children at its discretion with appropriate discernment. I understand that once an image is posted online, that image can be downloaded. I therefore agree to indemnify and hold harmless Christ Community Church of Laguna Hills and its representatives from any claims.

I do not agree to grant permission for me and/or my child to be photographed while participating in Adventure Week 2019, including group photos and the end of week slide show

| PARENT/GUARDIAN SIGNATURE (must be the same as printed below) | DATE |
|------------------------------------------------------------------------------|--------------------------------------------------|
| | |
| | |
| Parent/Guardian Information: | All Participants to which this document applies: |
| | |
| NAME (print) | PARTICIPANT #1 |
| ADDRESS | PARTICIPANT #2 |
| | |
| CITY/ZIP | PARTICIPANT #3 |
| | PARTICIPANT #4 |
| PHONE/CELL NUMBER | PARTICIPANT #4 |
| | PARTICIPANT #5 |
| If you have any questions, please contact the church office at 949.586.6850. | |
| 0111Ce al 949.300.0030. | PARTICIPANT #6 |