**PERSONAL RELEASE TO**

**LIVING STONE CHRISTIAN CENTER**

 I hereby grant permission for you to photograph videotape, and/or to record my voice and sounds and to use any or all such photographs, recordings, and reproductions thereof in and/or as a part of any motion picture, video production, broadcast, published products, related advertising, displays, or in exhibition uses. I further grant the use of my name in connection with my comments and opinions.

 I herby grant and assign to LIVING STONE CHRISTIAN CENTER all non-exclusive rights of every type and nature and the unlimited distribution and other utilization of the pictures, images, tapes or products by any method or in any manner and in any and all media, including theatrical, non-theatrical, radio, videocassette, television, electronic usage, and printed products, and to advertise and publicize said products, in perpetuity, throughout the world.

 I herby waive any right that I may have to inspect or approve the finished product and the advertising or to the copy that may be used in connection herein. The parties to this contract expressly agree that the laws of Colorado shall govern the validity, construction, interpretation, and effect of this contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Names of Participants)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address) (City) (State) (Zip)

(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Telephone)

**GUARDIAN’S CONSENT (If applicant is under 18 years of age)**

I am the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the above-named. I herby approve and consent to the use of his/her video image and name, as well as comments and opinions expressed, according to the terms mention above. I affirm that I have the legal right to issue such consent.

**Date Range: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ (thru) \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INDIVIDUAL CONSENT ( I affirm that I am 18 years of age or older )**

**Date Range: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_ (thru) \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**