Ardmore United Methodist Church **Image Release Form**

| | Last Name of Participant | First Name | Initial |
|-----|----------------------------------|-----------------------------|---------------------------|
| | | | |
| | Home Street Address | City | Zip Code |
| | | | |
| | Phone | E-Mail Address | |
| | | | |
| Las | st and First Name of Participant | 's Parent or Legal Guardian | if Participant is a Minor |

I hereby give permission for images of my child(ren), captured during regular and special activities associated with Ardmore United Methodist Church through video, photo and digital camera, to be used for purposes deemed appropriate by Ardmore United Methodist Church. I waive any rights of compensation or ownership thereto. I understand that it is the policy of Ardmore United Methodist Church to **NOT** publish the names of minors in any of its paper or web publications.

This release is also applicable if I submit images or artwork to Ardmore United Methodist Church. I further understand that Ardmore United Methodist Church may not be able to return the original images or artwork I have submitted.

I agree that Ardmore United Methodist Church may modify, publish, reproduce, adapt or present these images at any time in any manner or medium. I also agree that quotations provided or submitted by me or my child(ren) can also be used with these images. I agree release and discharge Ardmore United Methodist Church, its agents and third parties, and all persons acting under its authority, from any liability by virtue of any blurring, cropping, distortion, alternation, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of the images or in any subsequent processing of the images, as well as any publication of the images, including without any limitation any claims for libel or invasion or privacy.

I agree that I have read this document and understand it, that my signature is a true and voluntary act and that this release shall be binding on myself, my child or children, heirs, legal representatives and assigns, in perpetuity.

I agree that I have the right and ability to enter into this Agreement, and to grant the rights and furnish all images submitted pursuant to this agreement. I am eighteen years of age or older, and if acting on behalf of a minor, have every right to contract for the minor in the above regard.

Date Signature of Participant or Parent or Legal Guardian if participant is a minor*

*The parent with legal custody of the minor must sign if parents are divorced or separated.