



MEDIA RELEASE FORM

I, the undersigned, give Northwest Hills United Methodist Church (NWHUMC) permission to publish and/or reproduce photographs, video, or any other electronically produced images of myself and/or my minor children.

I authorize NWHUMC to use these photographs or video for internal purposes including but not limited to publications, articles, newsletters, displays, banners, registration forms, printed media, or other church related purposes.

I agree that the photographs, videos, and related products shall be the sole property of NWHUMC and hereby waive any rights of compensation or ownership with respect thereto.

I waive any applicable publicity, privacy, or other likeness rights related to the photographs or video images and expressly indemnify, release, discharge, and hold harmless NWHUMC and its agents, employees, members, pastors, officers, successors, assignees, and volunteers from any and all claims arising out of such photographs or video images, including, without limitation, any violations of the rights of publicity, privacy, or other likeness rights.

I understand that my child's name will not be used to identify my child.

This authorization and release shall be in effect indefinitely, regardless of my membership in or attendance at NWHUMC.

Please check.

I **grant permission** to publish and/or reproduce images of myself and/or my minor children.

I **withhold permission** to publish and/or reproduce images of myself and/or my minor children.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of Adult/Parent/Legal Guardian

\_\_\_\_\_

Printed Name of Adult/Parent/Legal Guardian

**IN CASE OF EMERGENCY**

Emergency Contact #1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of a medical emergency and I cannot make an informed decision regarding medical treatment, I authorize NWHUMC to seek emergency medical attention for myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_