Picture Release Form

I/We, the undersigned Parent or Legal Guardian, do hereby grant permission to Tunkhannock United Methodist Church (“TUMC”) to post my and/or my child’s(insert child’s name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ story, photo, likeness or other item, hereinafter referred to as “Materials,” which I submit to and for Tunkhannock United Methodist Church’s use.

By doing so I hereby release TUMC, its employees, agents, representatives and members, from all claims and demands arising out of or in connection with any use of said “Materials”, including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation, infringement of moral rights or rights of publicity or copyright, and and any other personal and/or property rights.

I, We acknowledge that I/we will not be compensated for these uses, and that TUMC exclusively owns all rights to the images, videos and recordings, and to the derivative works created from them. I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the “Materials” or any rights therein.

This Release is binding on me, my heirs, assigns, and estate. TUMC is not obligated to use any of the rights granted under this Release.

This Release expresses the complete understanding of the parties.

I,We acknowledge that my child is under 18 years old and lacks the legal capacity to enter into binding agreements. Accordingly, I have read this Release and consent to my child’s inclusion in the Materials will not contest the rights granted in this Release, and shall assist and support you in any and all legal proceeding for affirmation of this Agreement, should you choose to have a court of law affirm this Agreement.

Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/other phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9/28/2018