Parent/Guardian Publicity Authorization and Release

Dear Parent/Guardian:

The [CHURCH NAME] and the Southeastern California Conference of Seventh-day Adventists (“SECC”) requests your permission to record and reproduce through printed, audio, visual, or electronic means activities in which your minor child has participated in his/her church program. Your authorization will enable us to use specially prepared materials to promote church programs through the use of social media, displays, brochures, websites, and other publicity materials.

1. Name of Minor Child (please print):

2. Birthdate (please print):

3. Name of Parent/Guardian (please print):

* I, as a parent of guardian, of the above named minor child fully authorize and grant the [CHURCH NAME], the SECC, and its authorized representatives, the right to photograph, record, print, publish, use and edit the biographical information, name, image, likeness, and/or voice of the above named minor child on audio, video, film, slide, or any other electronic and printed formats, currently developed, (known as “Recordings”), for the purposes stated or related to the above.
* I understand and agree that use of such Recordings will be without any compensation to the minor child or the minor child’s parent or guardian.
* I understand and agree that the [CHURCH NAME], the SECC, and/or its authorized representatives shall have the exclusive right, title, and interest, including copyright, in the Recordings.
* I understand and agree that the [CHURCH NAME], the SECC, and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
* I hereby release and hold harmless the [CHURCH NAME], the SECC, and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney’s fees, brought by the minor child and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release and I agree to accept its provisions.

Signature of Parent/Guardian Date Signed

Street Address

City, State Zip Code

Telephone