



## Photograph and Video Consent and Release Form

Please fill out this form completely. Print clearly or type information below.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I, hereby, give permission to Spring Hills Baptist Church to videotape and/or photograph me during my participation in this video or production.

I further give permission to use the photographs and video taping for any legitimate use without limitation or reservation. I understand that these photos and videos may be used for production, publishing, web site material, media sources or promotional materials. I agree to relinquish to Spring Hills Baptist Church all right, title, financial remuneration and interest in the recordings. I further agree that I, on behalf of myself and my heirs, legal representatives will hold Spring Hills Baptist Church harmless from and all liability and will never assert any claim against aforementioned entities or persons.

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

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_