

AGAPE Photograph & Video Release Form

I _____, hereby grant AGAPE RESOURCE & ASSISTANCE CENTER, INC. ("AGAPE") permission to the rights of [my / _____ (if minor)] image, likeness and sound of [my / _____ (if minor)] voice as recorded on audio or video tape without payment or any other consideration to AGAPE and any future entities that may come into existence by AGAPE. [I / WE] understand that [my / _____ (if minor)] image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein [my / _____ (if minor)] likeness appears. Additionally, [I / WE] waive any right to royalties or other compensation arising or related to the use of [my / _____ (if minor)] image or recording. [I / WE] also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Agape program promotion & education
- conference presentations
- educational presentations or courses
- informational presentations
- on-line information purposes or educational courses
- Agape promotion educational videos

By signing this release [I / WE] understand this permission signifies that photographic or video recordings of [ME / WE] may be electronically displayed via the Internet or in the public educational setting.

[I / WE] will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the purposes listed on this document only.

By signing this form [I / WE] acknowledge that [I / WE] have completely read and fully understand the above release and agree to be bound thereby. [I / WE] hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____

State/Postal Code/Zip Code _____

Phone _____ Personal Email Address _____

Signature _____ Date _____