

**Image Release Form  
Seventh-Day Adventist Church  
Kentucky-Tennessee Conference**

I hereby consent and authorize the Kentucky-Tennessee Conference of the Seventh-Day Adventists, or its assigns, to photograph and publish pictures, audio, and video of me and/or my child(ren), and use my name and likeness and/or my child(ren)'s name(s) and likeness. I understand that photographs may be printed, placed on the organization's various websites, and/or incorporated into promotional material such as brochures and videos.

I hereby waive any claim against the Kentucky-Tennessee Conference of Seventh-Day Adventists for any personal or emotional damage which may arise in connection with the use of these photographs, my name, or my likeness.

I understand the following:

- Illegal or explicit photographs are NOT authorized under this agreement. Should this situation arise, the violating individual or parties are solely liable and are subject to all local, state, and federal laws.
- I am releasing all recorded images, audio, and video for the express use of the Kentucky-Tennessee Conference of Seventh-Day Adventists.
- Neither my child nor I will receive any compensation if our names or likeness is used by the Kentucky-Tennessee Conference of Seventh-Day Adventists.
- The Kentucky-Tennessee Conference of Seventh-Day Adventists and its assigns will hold the copyright to all photographs, videos, and promotional material.
- Should I desire copies of photographs, videos, or audio recordings, there may be a cost involved.
- This release remains valid until revoked in writing.

If I am signing this form on behalf of a child, I certify that I am the parent or guardian of the child and am over 18 years of age. A copy of this form shall be considered valid and shall serve the same purpose as the original.

\_\_\_\_\_  
Adult's Name (Print)

\_\_\_\_\_  
Adult's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pathfinder/Adventurer Club Name

\_\_\_\_\_  
Adult's Street Address

\_\_\_\_\_  
Adult's Phone Number

\_\_\_\_\_  
Adult's City, State, Zip

\_\_\_\_\_  
Adult's Email Address

Names of Additional Minor Family Members Covered by this Release:

\_\_\_\_\_  
Minor's Name (Print)

\_\_\_\_\_  
Minor's Date of Birth

\_\_\_\_\_  
Minor's Name (Print)

\_\_\_\_\_  
Minor's Date of Birth

\_\_\_\_\_  
Minor's Name (Print)

\_\_\_\_\_  
Minor's Date of Birth

**If you are declining to sign this release please state your reason:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_