

Photograph & Video Release Form

(Please make copies for all participants)

I hereby consent to the photographing of myself and the video recording of my voice and self. I grant permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video tape to Youth With A Mission: Minneapolis. I understand that my image may be edited, copied, exhibited, published, or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

By signing this release I understand this permission signifies that photographic or video recordings of me may be displayed via the Internet, display boards, presentations, and other forms of various media.

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

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

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

Printed Name of Individual Photographed/Recorded

Signature of Individual Photographed/Recorded Date

Signature of Witness Date

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Printed Name of Parent/Guardian of Individual Photographed/Recorded

Signature of Parent/Guardian Date

Signature of Witness Date

Please complete this form and return it to our offices no later than 30 days prior to your trip

Contact Information:

Church/School Name _____

Leader's Name _____

Emergency Contact Person _____

Emergency Contact Phone _____

Driving Information (To Minneapolis or Outreach Destination):

Date of Arrival _____

Time of Arrival _____

Date of Departure _____

Time of Departure _____

Flight Information (To Minneapolis or Outreach Destination):

Date of Arrival _____

Time of Arrival _____

Airline _____

Flight Number _____

Date of Departure _____

Time of Departure _____

Airline _____

Flight Number _____