

Minor Child or Youth Photo/Video Release Form

Youth: *(PLEASE PRINT NAME)* _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Liability Release

I understand that Faith Life Church, Inc. in Branson, MO ("FLCB"), Faith Life Church, Inc. in Sarasota, FL ("FLCS"), and/or Faith Life International, Inc. ("FLI") will be shooting photographs and video footage for various purposes throughout my child's participation in Church programs (collectively referred to in this release as the "Video").

In exchange for my minor child's participation in the Video, I grant to the Church, and those acting with their authority and permission, the right and permission to photograph and/or record my child for the purposes of the Video and to use the Video for any lawful purpose whatsoever.

I hereby waive any right that I or the minor may have to inspect or approve the finished Video or other products developed from the Video.

I hereby release, discharge, and agree to save harmless and defend the Church, and all persons acting under its authority and permission, from any liability for any recording and publication thereof, including without limitation any claims from libel or invasion of privacy.

I hereby warrant that I am of full age and have every right to contract for the minor in the above regard.

I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with the contents thereof. This release shall be binding upon the minor and me, and our respective heirs, legal representatives and assigns.

Participant Signature _____ CHECK BOX IF PARTICIPANT IS 18 OR OLDER

Parent Signature _____ Date: _____

(REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18)

