



Photo Release and Social Media Consent Form

I hereby grant St. David's Episcopal Church (St. David's), its representatives and employees, permission to use and/or publish photographs or videos of myself in print and/or electronically, including livestreamed events. I understand and agree that these materials will become the property of St. David's and will not be returned. I hereby authorize St. David's to edit, alter, copy, exhibit, publish, or distribute the photograph or video for purposes of publicizing their programs or for any other lawful purpose. In addition, I waive my rights to any compensation arising or related to the use of photographs or videos. I release and discharge St. David's from any and all claims arising out of the use of the photos or videos for any lawful purpose such as for publicity, illustration, advertising, and Web content.

Additionally, I grant St. David's, and its agents and employees, the irrevocable and unrestricted right to reproduce the photographs and/or video images taken by me, or members of my family, for the use of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release St. David's and its legal representatives for all claims and liability relating to said images or video. Furthermore, I grant permission to use my statements that were given during discussion, interview or other communication, with or without my name, for the purpose of advertising and publicity without restriction. I waive my right to any compensation.

In the case of minors, St. David's has my permission to use photo or video of my child or legal custody with all the permissions outlined above. I understand that the images may be used in print publications, online publication, presentations, websites and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. St. David's will not use the name of any minor in any publications without explicit permission granted.

Check this box and fill out the following if you **DO** consent to St. David's using photos or videos of you.

Signature _____ Date _____

Printed Name _____

Please print children's names if signing for a family

Signature, parent or guardian _____
(if under age 18)

OR

Check this box and fill out the following if you do **NOT** consent to St. David's using photos or videos of you.

Printed Name _____