

Media Release Form

Child's Name: _____

Parent/Guardian's Name: ______

I, Parent/Legal Guardian of (child's name) ________ hereby grant permission to SEK Christian Intensives, its agents, and assigns, to use above named child's photo or video, and likeness for the purpose of promotion by SEK Christian Intensives for all forms, media, and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, an exhibition for an indefinite period of time.

I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital, and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me. I further acknowledge that I will not be compensated for these uses and that SEK Christian Intensives owns all rights to the images, videos, and recordings, and to any derivative works created from them.

I waive any right to inspect the uses of any printed or electronic copy. I hereby release SEK Christian Intensives and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

This Release expresses the complete understanding of the parties.

□ I DO agree to the terms of this Media Release form

 \Box I DO NOT agree to the terms of this Media Release form

Signed:	
Printed Name:	
Date:	
Relationship to Child:	