



Seventh-day Adventist® Church Northern California Conference

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Date: ____/____/____ SDA Entity: _____

First and Last Name _____

Photography/Video Date Taken: ____/____/____

Location Photograph and/or Video Taken: _____

Minor Child: ____ YES ____ NO

If Yes, Name of Minor's Parent/Guardian: _____

PHOTOGRAPHIC RELEASE AND CONSENT AGREEMENT ("Release")

I, _____, hereby freely and voluntarily grant to the Northern California Conference of Seventh-day Adventists (NCC SDA) the irrevocable right and permission, in respect to the photographs and/or videos that it will take or will have taken of me in which I may be included with others, to copyright the same, in its own name or otherwise (and assign my rights throughout the world in such photograph), to use, re-use, publish, and re-publish, and otherwise reproduce, modify and display the same, in whole or part, individually or in conjunction with other photographs, and in conjunction with any other copyrighted matter, in any and all media now or hereafter known, for illustration, promotion, art, advertising or any other purpose whatsoever; and to use my name in connection therewith if it so chooses.

I hereby release and discharge NCC SDA from any and all claims and demands arising out of or in connection with the use of the photographs, including, without limitation, any and all claims for libel and/or invasion of privacy.

NCC SDA may assign, license or otherwise transfer all rights granted to it hereunder. This authorization and release shall also inure to the benefit of the legal representatives, licensees, and employees of NCC SDA.

I am of full age (eighteen years and older) and have the right to contract in my own name. I have read the foregoing and fully understand the contents of this Release.

If you have any questions or concerns, please contact media@nccsda.com



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This Release shall be binding upon me and my heirs, legal representatives, and assigns. Further, I release Caltrans from any responsibility for injury incurred during the photography and/or video session.

____initials) I agree that my name may be associated as a caption with the image(s) created.

____initials) I request that my name not be associated with any image created.

This consent applies to all photos and/or videos taken for (describe purpose): _____

Signature

Date

Address

City

State

Zip Code

I, being the parent or guardian of the above-named minor, hereby consent to and agree to be bound to the terms in the foregoing Release and consent on behalf of said minor:

Authorized Signature)

Date