

VIDEO/PHOTOGRAPHY GENERAL RELEASE FORM

First United Methodist Church of Winter Garden, Inc. ("FUMCWG") may video or photograph activities that occur on its property in relation to the event known as \_\_\_\_\_ which is scheduled to occur on \_\_\_\_\_. In doing so, FUMCWG's purpose is to use these video recordings, audio recordings, and photographs for promotional and advertising materials for the benefit of FUMCWG.

I, \_\_\_\_\_, and being Parent/Guardian of \_\_\_\_\_ (if applicable) hereby irrevocably consent that any video and/or audio recordings, and/or photographs for which he/she/they appear, may be used by FUMCWG, its assigns or successors, for any lawful purpose such as those set forth above. I consent that the video recordings, audio recordings or photographs may be posted on social media on the internet. I hereby waive any right to compensation regarding the use of these video recordings, audio recordings or photographs. Furthermore, I hereby consent that such photographs, negatives, and recordings or other medium, from which they are made shall remain the property of FUMCWG. FUMCWG shall have the right to sell, duplicate, reproduce, edit, alter and make other uses of such photographs, recordings, and tapes as they may desire for the purposes set forth herein on my part or my child's part, or by anyone who may claim by or through my child in perpetuity, free and clear of any claim.

By signing this release, I agree to allow FUMCWG, or any assigns, the right to photograph or video my participation in the above activity of FUMCWG. I hereby release FUMCWG, its directors, officers, successors, assigns and volunteers from and against any and all claims, demands, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I may hereafter have against FUMCWG in connection with the video or photography. FUMCWG agrees to not place any identifying information within the video or photograph relating to any certain individual.

IN WITNESS WHEREOF I have hereunto set my hand, in the State of Florida,  
this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

Signature (of parent or guardian if under 18) \_\_\_\_\_

Name (print) \_\_\_\_\_

Name of Child - if applicable (print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_