

**Photographs and Video Consent,
Waiver, Indemnity and Release
Holly Springs Baptist Church**

Photographs, Videos and Recordings

I hereby grant permission to **Holly Springs Baptist Church** (including its parent or subsidiary organizations or affiliates—hereafter “Holly Springs Baptist Church”) to take photographs or videos of me and to make recordings of my voice.

I further grant to Holly Springs Baptist Church and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed as well as my name for all lawful purposes. I acknowledge that Holly Springs Baptist Church owns all rights to the images and recordings.

Waiver, Indemnity and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials.

I hereby release, defend, indemnify and hold harmless Holly Springs Baptist Church, its employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of libel, slander, defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

Signature: _____ (SEAL) Date: _____

Signature of Person to be Recorded if Over 18

Printed name: _____

Signature: _____ (SEAL) Date: _____

Signature of Parent of Child (under 18)

Printed name: _____

Address

Tel. Number

E-mail (optional)