

CONSENT AND RELEASE TO PUBLISH OR PHOTOGRAPH MINORS AGREEMENT

This Agreement pertains to the Minor named below and additionally any other Minors named on any attachment to this Agreement.

I/We, the undersigned, authorize Skokie Valley Baptist Church, its affiliates, its directors or trustees, administration, officers, teachers, employees, personnel, volunteers, any of its instructors, agents or representatives and its licensees, agents, successors and assigns ("Releasees"), to record the picture and voice of my/our child, the Minor: _____, with or without any subject matter owned by me/us and/or my/our child, on photographs, films and audio- and videotapes in connection with any activity my/our child engage in as part of his or her participation in activities run by Skokie Valley Baptist Church, to edit these recordings at the discretion of the Releasees, and to incorporate these recordings into movie and sound films or audio- and videotapes, broadcasts (radio and television, including cable and satellite transmission) programs, or otherwise, and to use such recordings, movie and sound films and audio- and videotapes and broadcast programs in any manner of media whatsoever, including, but not limited to, unrestricted use for purposes of publicity, advertising and sales promotion and to use my/our child's name, likeness, and/or voice or other information in connection with the same. In addition, I/we authorize Releasees to cause the same to be exhibited, with or without advertising sponsorship, as still photographs, slides, transparencies, motion pictures, television, video or in newspapers, books, brochures, magazines, newsletters, Skokie Valley publications, social media, or other similar media for any purpose, including, but not limited to, unrestricted use for purposes of publicity, advertising and sales promotion (hereinafter referred to as "Publication"). The decision to publish or not publish any such recording and/or photograph and where to publish any such recording and/or photograph shall be in the sole discretion of the Releasees.

_____Initials

I/We further agree to indemnify and hold harmless Releasees from any and all claims and liability, including, but not limited to, libel, slander, invasion of privacy or any other claim based on the use of such recordings, for damages, losses or expenses of any sort arising from the making of such recordings and their use. I/We further waive all rights that I/we may have to any claims for compensation or royalties in connection with any Publication, regardless of whether such Publication is under philanthropic, commercial, institutional or private sponsorship and irrespective of whether a fee of admission or film rental is charged.

_____Initials

I/We further acknowledge that Releasees exclusively own all rights to these recordings regardless of the form in which they are produced or used.

I/We understand that I/we am/are under no obligation to initial any or all of the above paragraphs. If I/we have not initialed any of the above paragraphs, I/we do not consent to the provisions thereof.

I/We expressly agree that this release and waiver agreement is intended to be as broad and inclusive as permitted by the law of the State of Illinois, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I/We have read this agreement and fully understand that by signing this agreement, I/we am/are giving up legal rights and/or remedies which may be available to me/us.

SIGNATURE(S) OF PARENT OR GUARDIAN:

WRITTEN NAME(S) OF PARENT OR GUARDIAN:

DATE: _____ This Agreement has an Attachment with the names of additional Minors: Yes ____ No ____

ATTACHMENT FOR ADDITIONAL MINORS

This Attachment additionally names the following Minor(s) for the CONSENT AND RELEASE TO PUBLISH OR PHOTOGRAPH MINORS AGREEMENT.

Name of Minor: _____

Name of Minor: _____

Name of Minor: _____

Name of Minor: _____

Name of Minor: _____

Name of Minor: _____

Name of Minor: _____

SIGNATURE(S) OF PARENT OR GUARDIAN:

WRITTEN NAME(S) OF PARENT OR GUARDIAN:

DATE: _____