Southern New England Ministry Network

Hope Evangelical Community Church

Royal Rangers

Photo & Video Release Form

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I agree that the SNEMN & RR & HECC may use such images, video and/or audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

Child's Full Name:

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to bound thereby. I hereby release, defend, hold harmless and indemnify the SNMN & RR & HECC from any and all claims for utilizing this material.

Street Address/PO Box:		
City:	State/Province:	Postal/ZIP Code:
Phone Number:	Email Address:	
Child's Signature:		
If this release is obtained for legal guardian is also re-	•	then the signature of that person's par
, ,		and have the legal authority to execute the contents. I approve the foregoing and wa
Parent/Legal Guardian Signa	ture:	Date: