Hope Evangelical Community Church (HECC) Photo & Video Release Form

I hereby grant Hope Evangelical Community Church (HECC) and their ministries permission to the rights of my image, likeness and sound of my voice as recorded on audio or video without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I agree that the Hope Evangelical Community Church (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.

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 Hope Evangelical Community Church (HECC) from any and all claims for utilizing this material.

Child's Full Name:

Child's Full Name:			
Parent's Full Name:			
Street Address/PO Box:			
City:	State/Province:	Postal/ZIP Code:	
Phone Number:	Email Address: _		
Child's Signature:		1	
If this release is obtained for son also required.	neone under the age of 18,	then the signature of that	person's parent or legal guardian is
I verify that I am the parent/guardia read this release and fully understa		•	to execute the above release. I have ights in the premises.
Parent/Legal Guardian Signature: _			Date: