

Photo Release Form

Northern New England Conference of Seventh-day Adventists, Inc.

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Photo Permission/Release



For valuable consideration, I hereby authorize the Seventh-day Adventist Church in North America (or anyone authorized by the same), the use and reproduction of any and all photographs and video images that were taken of me. Permission is hereby granted to use all negatives and positives for any purpose deemed by the Seventh-day Adventist Church in North America, without any compensation. Any video, negatives and positives, together with the prints shall constitute the property, solely and completely, of the Seventh-day Adventist Church in North America. Any changes made without the consent of the Seventh-day Adventist Church in North America (or anyone authorized by the same) to the aforementioned stipulations will null and void this contract.

I am over 18 years of age: Yes No

(If yes) Printed Name: _____ Date: _____

(If yes) Signature: _____ Date: _____

If the person is less than 18 years of age, a parent or guardian must give consent as follows:

I hereby certify I am the parent or legal guardian of _____.
On behalf of the individual named above, I give my consent to all stipulations and conditions mentioned above.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Address: _____

Telephone _____ Email: _____

