



SEVENTH-DAY ADVENTIST® CHURCH  
*Georgia-Cumberland Conference*

**MEDIA RELEASE FORM**

The Georgia-Cumberland Conference regularly uses photos and video in its publications and materials. This form simply gives permission for images of the participant named to be used as outlined below.

**Organization:** \_\_\_\_\_  
(Please write the name of the church, school, Pathfinder club, or organization asking you to complete this form. If applicable, list the event the participant is attending.)

**Participant's Name:** \_\_\_\_\_  
(Person being photographed or videotaped)

**Participant's Address:** \_\_\_\_\_

**Participant's Telephone Number:** \_\_\_\_\_



For value received, I hereby consent and authorize the Georgia-Cumberland Conference of Seventh-day Adventists ("Georgia-Cumberland Conference"), or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in all forms and media. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the Georgia-Cumberland Conference of Seventh-day Adventists from all liability in connection with all such uses.

\_\_\_\_\_  
**Participant/Guardian's Signature**  
(A parent or guardian must sign above if the participant is under age 18.)

\_\_\_\_\_  
**Date**

Mark this box if you **DO NOT** grant permission.

**WITNESS:** (anyone who watches as this form is filled out)

\_\_\_\_\_  
Witness: Please print name

\_\_\_\_\_  
Witness: Please sign name