



Photo/Video/Information Release Form
Permission to use photographs, video and audio

By signing this release form, I _____, grant The Arc of Weld County (The AWC) the right to take photographs, video, and/or audio recordings of me, and/or my minor family members during any event in which The AWC is present. I authorize The AWC, its assignees and transferees to copyright, use and publish the same on The AWC website, social media, and in publications, promotional flyers, educational materials, derivative works, and for any other similar purpose. I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment from The AWC's use of any of the material described above for any purpose authorized by this release.

I also understand and agree that The AWC may use such photographs, video, and audio recordings of me and/or my minor family members with or without my name for any lawful purpose, including those identified above. This permission shall continue forever unless I revoke the permission in writing.

I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings, copy or print matter, computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the event use that this might be applied.

I hereby release, acquit and forever discharge The AWC and its officers and employees from any and all claims, demands, rights, promises, damage, and liabilities arising out of or in connection with the use or distribution of said photographs, video and/or audio recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

I hereby warrant that I am eighteen (18) years old or more and am competent to contract in my own name. This release is binding on me and my heirs, assignees and personal representatives.

I acknowledge that I have read the foregoing and I fully understand the contents.

Signature of Individual Photographed/Recorded

Date

Printed Name of Individual Photographed/Recorded

Date

If the individual photographed/recorded is under eighteen (18) years old, the following section must be completed.

I hereby certify that I am the parent or legal guardian of _____, who is under the age of eighteen (18) years, to whom this release applies and that I have the legal authority to execute this release. I approve the foregoing and agree that we both shall be bound thereby. I have read and I understand this document.

Signature of Parent/Guardian of Individual Photographed/Recorded

Date

Printed Name of Parent/Guardian of Individual Photographed/Recorded

Date

Address of Parent/Guardian of Individual Photographed/Recorded

Email address of Parent/Guardian of Individual Photographed/Recorded

Signature of Witness to Parent/Guardian Signature

Date

Printed Name of Witness to Parent/Guardian Signature

Date

***Witness signature is only required for the execution of a release for a minor child or adult with a guardian. ***