Seventh-day Adventist[®] Church

I hereby grant permission and authorize the Adventurer Club of the Alberta Conference of the Seventh-day Adventist Church the irrevocable right to use, reproduce and publish photographs and videos taken of me and/or the undersigned minor children, and our names, for use for all purposes, in any form, and in any and all media, including, without limitation, printed publications, websites, and outreach purposes, in any manner or in any medium. I understand that such photographs and video recordings of me may be placed on the Internet.

I release Adventurer Club of the Alberta Conference of the Seventh-day Adventist Church from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to consent and allow the Adventurer Club of the Alberta Conference of the Seventh-day Adventist Church to use their photographs, videos, and names.

I acknowledge that since participation is voluntary, neither the minor children nor I will receive any financial compensation.

I agree that participation in any publication and website produced by Adventurer Club of the Alberta Conference of the Seventh-day Adventist Church confers no rights of ownership to me whatsoever and I hereby waive the right to approve the final product. I release the Adventurer Club of the Alberta Conference of the Seventh-day Adventist Church, its contractors, volunteers, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, recording tape and digital files are and shall remain the property of Adventurer Club of the Alberta Conference of the Seventh-day Adventist Church. This release is binding on me and my heirs, assigns and personal representatives.

Yes, I give permission	No, I do not give permission

Parent's Name ______

Child(ren)'s Name _____

Parents Signature

Date



5816 Highway 2A Lacombe, AB T4L 2G5





