Audio/Photo/Video Release Form

Pennsylvania Conference of Seventh-day Adventists
Adventurer & Pathfinder Ministries
720 Museum Road
Reading, PA 19611
Phone: (610) 374-8331

I, ________________________________________, the parent or guardian of
(Print)

______________________________________, do hereby voluntarily
(Print child's name)

Waive, grant, and release the right to photograph and publish pictures, audio and video of me and/or
my child or children to the Pennsylvania Conference. I understand that photographs may be printed,
placed on the Conference web site, or incorporated into promotional material such as brochures or
videos.

I hereby waive any claim against the Pennsylvania Conference, its: Adventurer & Pathfinder Ministries
and staff, for any personal or emotional damage which may arise in connection with the use of the
photographs.

I understand that illegal or explicit photographs are NOT authorized under this agreement. Should such
a situation arise, it is understood that it is not the result of negligence on the part of the Adventurer &
Pathfinder Ministries or any of its ministries, staff, or the Pennsylvania Conference of Seventh-day
Adventists. In such a case the violating individual or parties are solely liable and are subject to all local,
state, and federal laws.

I understand that by signing this form, I am releasing all recorded images and audios for the express use
of the Pennsylvania Conference. Neither my child nor I will receive any compensation for this now or at
any time in the future. I further certify that I am the parent or guardian of the child and am over 18
years of age. And I understand that the Pennsylvania Conference Adventurer & Pathfinder Ministries
and the photographer(s) will hold the copyright to all photographs.

Should I desire a copy of one or more photographs, videos or audios, I will make a request to the
appropriate person in writing. I am aware that there may or will be a cost involved.

PRINT NAME: ________________________________________________________

SIGNED: _____________________________________________________________

Signature & Date