



STANDARD PHOTO RELEASE FORM – Adult Subject

Participant's Full Name: _____

I hereby authorize True Wind Media, LLC, and **its client, the Episcopal Diocese of Western Michigan**, to publish the photographs taken of me, and the surroundings included in those photographs, for use in any and all media without restriction for any private or public purpose. I also grant permission to use my name, if desired, in connection with any said publication.

I also grant permission to copyright, re-use and republish photographic portraits or pictures of me or in which I may be included intact or in part, composite or altered in character or form, without restriction as to changes or transformations made, through any and all media now or hereafter known for illustration, art, promotion, advertising, trade or any other purpose whatsoever.

I acknowledge that since my participation is completely voluntary, I will receive no financial compensation for the use of these photographs. I further agree that my participation and the usage of these photographs confers upon me no rights of ownership whatsoever.

I hereby relinquish any right that I may have to examine or approve the completed product or products or the promotional copy or printed matter that may be used in conjunction therewith or the use to which it may be applied.

I hereby release both the Episcopal Diocese of Western Michigan and True Wind Media, its contractors, clients, employees, officers, legal heirs, investors, agents, representatives and assigns from all liability for any claims by me or any third party in connection with my participation, including any claims and demands ensuing from or in connection with the use of the photographs, including any and all claims for libel and invasion of privacy. I also release them from any expectation of confidentiality for the use of said photographs.

I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Signature _____ Date ____/____/____

Print Name _____

Street Address _____

City _____ State _____ ZIP _____

Phone Number (____) _____ E-mail _____