



PHOTO CONSENT FORM

I hereby give ER Ministries and those acting with its authorization the right and permission to copyright, use, and/or publish photographic pictures or portraits of me and/or of my home for purposes including but not limited to promotional materials, which include videos, scrapbooks, brochures, information sheets and the web site. I understand that my execution of this authorization serves as a waiver of my privacy rights.

I hereby waive any right to inspect or approve finished videos, photographs, advertising copy, or printed matter that may be used in conjunction therewith or to the eventual use that might be applied.

I hereby warrant that I am competent to contract in my own name insofar as the above is concerned.

A parent or guardian must sign the release if the individual photographed is under 19 years of age.

I have read the foregoing release, authorization, and agreement before affixing my signature below, and warrant that I fully understand the contents thereof.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

Date: _____

Parent/Guardian Signature: _____

(If participant is under 19 years of age)

Witness: _____

Thank you for allowing ER Ministries to share your experience with others!