

Media Release Form

I, _____, grant permission to RMUMC and its subordinates, to use my name and/or photographs for use in RMUMC publications such as brochures, newsletters, magazines, and to use my name and or photographs on display boards. I grant permission to use my name and/or photographs in electronic versions of the same publications or on the RMUMC website or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. And I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend and hold harmless RMUMC and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claim, damages or liability arising from or related to the use of the photographs.

Please check one of the following:

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and fully understand the content, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will interpreted as a free and knowledgeable acceptance of the terms of this release.

I am the parent or legal guardian of the above named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Executed this _____ day of _____, 20_____

Signature of self (if 18 years of age or older) _____

Signature of Parent/Guardian (if named is under age 18) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Witness: _____