

General Video/Picture Release Form

Name of Photographer/Recorder

Address

I hereby consent to and authorize the use and reproduction by you and anyone authorized by you, of any and all photographs or other types of images, voice recordings and/or video that you have this day taken of me or recorded, with or without my name, for any purpose whatsoever, including, without limiting the promotion and activities of and for the Church of the Nazarene and its affiliated ministries.

I am 18 years of age or older.*

Date: _____

Location: _____

Name: (print) _____

Signature: _____

Phone: _____

Address: _____

*(If a minor, the following should also be signed by the parent or guardian.)

Date: _____

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I am the parent or guardian of the minor named above, and I hereby grant consent on behalf of the minor and myself.

Name: (print) _____

Signature: _____

Relationship: _____

Phone: _____

Address: _____