



Authorization to Release Information and Release Form for Media Recording

I, the undersigned, do hereby consent and agree that the United Methodist Relief Center, its employees, or agents have the right to take photographs, videotape, or digital recordings of me or my child and to use these in any and all media, now or hereafter known, and exclusively for the purpose of the United Methodist Relief Center. Only my team's name will appear in any article without my express consent.

I do hereby release to the United Methodist Relief Center, its agents, and employees all rights to exhibit this work in print and electronic form publicly. I waive all rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that the United Methodist Relief Center is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____

Date: _____

Address: _____

Phone: _____

Mission Team: _____

Date of Trip: _____

Signature: _____

Parents' Name (if a minor): _____

Witness for the undersigned: _____