

Photograph, Video and Voice Recording Consent, Waiver, Indemnity and Release Form

Photographs, Videos and Recordings

I hereby grant permission to American SPCC (American Society for the Positive Care of Children) and its representatives to photograph and video me, and otherwise capture my image, and to make recordings of my voice at the event or location noted below. Check the appropriate box(es) to indicate your consent:

- Photograph
 Video & Voice Recordings

Event/Location _____ Date _____

I further grant to American SPCC and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed as well as my name for promoting, publicizing or explaining American SPCC and its activities and for administrative, educational or research purposes.

I acknowledge that American SPCC owns all rights to the images and recordings.

First and Last Name (Printed) _____

Name of School or Organization (Printed) _____

E-mail _____ Phone _____

Parent/Guardian Name (if under age 18) _____

Waiver, Indemnity and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I further waive all moral rights. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings or materials.

I hereby release, defend, indemnify and hold harmless American SPCC, its Board of Directors, officers, employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials, including but not limited to claims of defamation, invasion of privacy, or rights of publicity or copyright infringement, or any misuse, distortion, blurring, alteration, optical illusion or use in composite form that may occur or be

produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this document before signing below, and I fully understand the contents, meaning and impact of this consent, waiver, indemnity and release. This consent, waiver, indemnity and release is binding on me, my heirs, executors, administrators and assigns.

Signature (if 18 years or older)

_____ Date _____

Signature of Parent/Guardian (if under age 18)

_____ Date _____

Signature of Witness

_____ Date _____

Protecting Your Privacy: Personal information including images and recordings in connection with this form is collected in accordance with Section 39(2) of the Freedom of Information and Protection of Privacy Act (1990) and will be used for promoting, publicizing or explaining American SPCC and its activities and for administrative, educational or research purposes. Personal information may be disclosed to outside service providers for processing and production. If you have any questions about the collection of personal information by American SPCC as referenced on this form, please contact: American SPPC, 6965 El Camino Real, #105-526, Carlsbad, CA 92009, 760-990-2200, info@americanspcc.org.