

Member Name: _____

Date: _____

Mt. Vernon GospelKnights Release Form for Media Recording

I, the undersigned, do hereby consent and agree that the GospelChoirs of Mt. Vernon, Inc., its employees, or agents have the right to take photographs, videotape, or digital recordings of me while I am a member or parent of the GospelKnights program and to use these in any and all media, now or hereafter known, and exclusively for the purpose of the GospelChoirs of Mt. Vernon, Inc or its agencies. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the GospelChoirs of Mt. Vernon, Inc or its agencies, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any 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 GospelChoirs of Mt. Vernon, Inc or its agencies 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. If I am not at least 18 years of age, my parent or guardian has signed this document.

If you are 18 years of age or older you can sign this waiver - OR

Member Name: _____ Date: _____

Address: _____

Cell Phone: _____ Home Phone _____

Witness for the undersigned: _____

Signature: _____

If you are under 18 years of age a parent or guardian must sign this waiver

Parent's Name: _____ Date: _____

Parent's Address: _____

Parent's Cell Phone: _____ Parent's Home Phone _____

