



SEVENTH-DAY ADVENTIST® CHURCH
Georgia-Cumberland Conference

IMAGE RELEASE FORM

For value received, I hereby consent and authorize the Georgia-Cumberland Conference of Seventh-day Adventists ("Georgia-Cumberland Conference"), or its assigns, to use my name and/or the names of my family members who are minors, as listed below, as well as my likeness, photos, videos and other information (or that of family members who are minors) for the purpose of news releases, advertising, publicity, publication or distribution in any manner whatsoever. I further consent to such use in their present form and to any changes, alterations, or additions thereto. I hereby release the Georgia-Cumberland Conference of Seventh-day Adventists from all liability in connection with all such uses.

Dated this _____ day of _____, 20_____.

(Please **print** name)

(Please **sign** name)

Address: _____

Telephone Number: _____

Witness: _____ Additional Minor Family Members to Whom
this Release Applies: _____

(Please **print** name)

(Please **sign** name)



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