

PHOTOGRAPH & VIDEO RELEASE FORM

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I agree that BUCC may use such images, video, and/or audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release, defend, hold harmless and indemnify BUCC from any and all claims for utilizing this material.

Full Name _____

Street Address/PO Box _____

City _____ State/Province _____ Postal/ZIP Code _____

Country _____ Phone (_____) _____ Fax (_____) _____

E-mail Address _____

Signature _____ Date _____

If this release is obtained for someone under the age of 18, then the signature of that person's parent or legal guardian is also required.

I verify that I am the parent/guardian of the minor named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Parent/Legal Guardian's Signature _____ Date _____