

St. Edward's Episcopal Church
ADULT INFORMATION FORM
2019-2020

Participant Information

Name: _____

Gender: M/F Birth Date: ____/____/____

Preferred phone #: _____ (Please Circle One: Cell / Home)

Allergies: (food or otherwise)

Is there anything else you want us to know about you?

Emergency Contact

Name: _____

Home# _____

Cell 1# _____

Cell 2 # _____

St. Edward's Photo Release for Adults
(initial all applicable)

_____ I do not consent to my likeness and activities being photographed, recorded, physically, displayed, or posted on any website and/or social media account maintained by St. Edward's Episcopal Church, Inc. (hereinafter "St. Edward's").

_____ I consent to my likeness and activities being:

- _____ photographed and/or recorded and physically displayed within the facilities of St. Edward's Campus.
- _____ photographed and/or recorded and posted to website maintained by St. Edward's.
- _____ photographed and/or recorded and posted to a social media account maintained by St. Edward's.

In accordance with my above-referenced consent, I grant the following rights to St. Edward's permission to use and re-use, publish and re-publish, and modify or alter the image(s) photographed and/or recorded in perpetuity for the purposes stated above. I further waive my right to inspect or approve any editorial text or copy that is used in connection with the images and release and discharge St. Edward's from any and all claims arising out of use of the images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act. I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 18 and have legal capacity to sign the release on behalf of the below-named child.

This Photo Release is entered in reference to: _____.

Adult Name (print)

Date

Signature

Date