



### IMAGE RELEASE FORM

For value received, I hereby consent and authorize the Alpharetta Seventh-day Adventist Church 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 Alpharetta Seventh-day Adventist Church from all liability in connection with all such uses.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
(Please **print** name)

\_\_\_\_\_  
(Please **sign** name)

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number:  
\_\_\_\_\_

Witness:

Additional Minor Family Members to whom  
the Release Applies:

\_\_\_\_\_  
(Please **print** name)

\_\_\_\_\_  
(Please **sign** name)