Ministry Recording Release Form

MINISTRY/EVENT NAME	SPONSORING MINISTRY ORGANIZATION
SHOOTING DATE(S)	SHOOTING TIMES(S)

Photo/Video Release

I hereby give permission to the above ministry organization to use photo and/or video of my likeness in their print media, broadcast media or online media for the purposes of ministry promotion and/or image archives. I waive all rights and ownership of said image(s) and grant the above organization unlimited use and copyright of the images in all forms, print, photographc, electronic, videotape and/or DVD. In the case of video, I further release any recording of my voice and likeness in the same manner for use in ministry support, ministry promotion and/or videotaped archives.

SIGNATURE (ADULT)	PRINT NAME (OF PERSON PHOTOGRAPHED)	AGE (IF MINOR)

PHOTOGRAPHER/VIDEOPGRAPHER	TAPE/FILM INFORMATION