



Image Release Form

For no compensation, I hereby consent and authorize the Allegheny East Conference Corporation of Seventh-day Adventists ("AECC"), 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 Allegheny East Conference of Seventh-day Adventists from all liability in connection with such uses.

Dated this _____ day of _____, 20_____.

(Please print name)

(Please sign name)

Street Address

City, State, Postal Code

Telephone Number

Witness:

Additional Minor Family Members
To Whom This Release Applies:

(Please print name)

(Please sign name)