



PHOTO & VIDEO RELEASE FORM

SOUTHERN LANCASTER COUNTY
FARMER-SPORTSMEN'S ASSOCIATION

742 Hollow Road, P. O. Box 182
New Providence, PA 17560

SOUTHERN LANCASTER COUNTY FARMER-SPORTSMEN'S ASSOCIATION seeks to pass on the values of safety, conservation, and respect for others to the next generation. Doing so is aided by using photographs and/or videos to promote club values, as well as to inform members about activities, events, club news, and to encourage membership involvement.

Activity: _____ **Location:** _____

I grant SOUTHERN LANCASTER COUNTY FARMER-SPORTSMEN'S ASSOCIATION and its representatives permission to take photos/videos of me and my property in conjunction with the above-identified activity.

I authorize SOUTHERN LANCASTER COUNTY FARMER-SPORTSMEN'S ASSOCIATION to use and publish the photos/videos in print and/or electronically for any lawful purpose, including, but not limited to publicity, illustration, promotional email campaigns, web content, and other materials or media.

I understand that in granting this consent, it will continue until I revoke my consent. I can revoke my consent at any time, but I understand that doing so will not impact photos/videos already printed or published.

I understand that I will not be paid for this release and that I will not receive financial compensation for the use of my likeness. I understand that SOUTHERN LANCASTER COUNTY FARMER-SPORTSMEN'S ASSOCIATION and its representatives are acting in reliance upon this release and testify that it will not be made the basis of a future claim of any kind.

- Image(s) may be used.**
- Image(s) may not be used.**

THIS IS A RELEASE. I EXECUTE IT KNOWINGLY AND VOLUNTARILY. I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Printed Name(s): _____

Signature: _____ **Date:** _____

Address: _____

If under 18, PARENT/LEGAL GUARDIAN MUST SIGN

Printed Name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian