

PHOTO RELEASE

In consideration of my status as a volunteer for Medical Mission, I

(Please print full name)

hereby give to Medical Mission their heirs, legal representatives and assignees, and those acting with their authority and permission:

- a) The unrestricted right and permission to copyright and use, reuse, publish, and republish all photographic portraits, video and sound recordings, or pictures of me or in which I may be included intact or in part in connection with Medical missions. I also hereby grant Medical Mission sole discretion in its use of such photographic portraits, video and sound recordings, or pictures of me, without limitation.
- b) I hereby relinquish any right that I may have to examine or approve the completed product or products or the text (copy) or printed matter that may be used in conjunction therewith or the use to which it may be applied.
- c) I hereby release, discharge and agree to save harmless Medical Mission, his/her heirs, legal representatives or assigns, and all persons functioning under his/her permission or authority, or those for whom he/she is functioning, from any liability by virtue of any blurring, distortion, alternation, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.
- d) I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assigns.

Volunteer's Signature: _____ Date: _____