



Photo/Video Release Form

I consent and authorize Friendship Force International (FFI) or any entity authorized by Friendship Force International (such as a Friendship Force club and FFI member photographers) to copyright, use, and publish any of the images in any format taken of me on the dates listed below.

I grant to Friendship Force International permission to use, reproduce, and/or publish photographs and/or video that may pertain to me — including my image, likeness and/or voice without compensation. I authorize Friendship Force International to copyright, use, and publish the same in print and/or electronically.

I agree that Friendship Force International may use such photographs and/or video of me with or without my name (as specified below) and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

Since anyone can download an image from the Internet or make copies from printed materials, I agree that Friendship Force International or its authorized entities are not responsible for unauthorized use of the images. I am aware that I am not entitled to any compensation and that I can choose whether I want to be personally identified (tagged) or not, as specified below.

By signing below, I acknowledge I have read and understand this release.

Event Name and Dates (Journey, Conference, etc.): _____

Name of Photographer: _____

Photographed Subject's Name (PLEASE PRINT): _____

Are you, as a subject, 18 years of age or older? YES _____ NO _____

Name of Parent/Legal Guardian of a Minor Subject (PLEASE PRINT): _____

Please initial all that you, as Adult Subject or Legal Guardian, authorize:

___ Do not identify me/subject by name.

___ Approved to identify me/subject by first name, last initial (example: Bill N.)

___ Approved to identify me/subject by full first and last name (example: Bill Neal)

___ Approved to identify Friendship Force Club or other organizational affiliation (*FF of X, World Relief...*)

Email address: _____

Signature of Photographed Subject _____

Signature of Parent or Legal Guardian of a Minor Subject _____ Date: _____