

One per immediate family; must sign and return to Zion's Hope administration prior to travel.

PHOTO/MEDIA RELEASE FORM

I grant permission to Zion's Hope, Inc. and its agent or employees to use photographs, audio and/or video taken of me _____
and/or of (spouse/minor) _____

on the dates listed below for use in promotional and educational materials such as brochures, newsletters, advertisements, and magazines, and to use such photographs/audio/video in electronic versions of the same publications or on Zion's Hope web sites or other electronic forms of media, without notifying me. Furthermore, I authorize the use of my name, likeness, and voice for all program promotion, ministry promotion, and any other purposes in connection with the ministry deemed appropriate and necessary by Zion's Hope.

I hereby waive any right to inspect or approve the finished photographs/audio/video, printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs/audio/video.

I hereby agree to release, defend, and hold harmless Zion's Hope, Inc. and its agent or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on web sites, from and against any claims, damages, or liability arising from or related to the use of the photographs/audio/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my decision not to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date Range of Event: _____

Name of Event: *Servant's Heart Outreach 2025* _____

Printed Name(s): _____

Signature(s) & Date: _____

Signature of Spouse: _____

(Or guardian of a person under 18 years of age)

