IMAGE RELEASE CONSENT FORM

I HEREBY GIVE THE CRISTIAN KORTE MEMORIAL SWIM FUND (CKMSF), THE RIGHT AND PERMISSION TO TAKE, USE, DISPLAY, AND PHOTOGRAPHS, IMAGES, IN PROMOTIONAL OR MARKETING MATERIALS WHICH INCLUDE. BUT ARE NOT LIMITED TO, NEWSPAPER, PRESS RELEASES, BROCHURES, ONLINE MARKETING. VIDEO, ARTICLES, & MAGAZINES.

I HEREBY WAIVE ANY RIGHT TO INSPECT OR APPROVE THE FINISHED MATERIALS THAT MAY BE USED BY THE CKMSF IN CONNECTION WITH ANY OF THE ABOVE PURPOSES.

I HEREBY RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS CKMSF, INCLUDING ITS RESPECTIVE DIRECTORS, EMPLOYEES, CONTRACTORS OR VENDORS, FROM AND AGAINST ANY LIABLILITY AS A RESULT OF ANY DISTORTION, BLURRING, OR ALTERATION THAT MAY OCCUR IN THE TAKING, PROCESSING, REPRODUCTION PUBLISHING OR DISTRIBUTION OF THE FINISHED MATERIALS, AND FROM ANY AND ALL CLAIMS, ACTIONS, AND DEMANDS OF WHATSOEVER NATURE, INCLUDING BUT NOT LIMITED TO, CLAIMS OF LIBEL, DEFAMATION, OR INVASION OF PRIVACY, ARISING OUT OF OR IN CONNECTION WITH THE USE OF PHOTOGRAPHS, VIDEOS OR REPRODUCTIONS.

I HEREBY WARRANT THAT I AM COMPETENT TO CONTRACT IN MY OWN NAME INSOFAR AS THE ABOVE IS CONCERNED. A PARENT OR GUARDIAN MUST SIGN THE RELEASE IF THE INDIVIDUAL PHOTOGRAPHED IS UNDER 18 YEARS OF AGE.

I HAVE READ THE FOREGOING RELEASE, AUTHORIZATION, AND AGREEMENT BEFORE AFFIXING MY SIGNATURE BELOW, AND WARRANT THAT I FULLY UNDERSTAND ITS CONTENTS THEREOF.

NAME		
ADDRESS		
CITY	STATE	ZIP
SIGNATURE		DATE
PARENT/GUARDIAN SIGNATURE		