



**POARCH BAND OF CREEK INDIANS
PHOTOGRAPH/VIDEO CONSENT AND RELEASE**

The undersigned hereby acknowledges and agrees that the participation in this activity or event is fully voluntary and gives express consent to have his/her image, likeness and sound of his/her voice to be recorded (video, still photography, and/or audio) by the appointed staff and/or agent of the Poarch Band of Creek Indians (“Tribe”) or its designated department and/or entity during the participation. The undersigned authorizes the Poarch Band of Creek Indians to use and reproduce, and to crop or alter at its discretion, photographs, audio and/or video of the undersigned in any publication, multimedia production, display, advertisement, commercial, world-wide web publication, or other form of media. The undersigned agrees that the Poarch Band of Creek Indians may use the undersigned’s name, likeness, and/or biographical information supplied by the undersigned in connection with such use.

By signing this form the undersigned acknowledges that he/she has completely read and fully understands this release and agrees to be bound herein. The undersigned hereby releases any and all claims against the Tribe with regard to the Tribe’s utilizing the photographs, audio and/or video recordings of the undersigned. The undersigned acknowledges and agrees that the use of these images and/or audio recordings in any publication by the Tribe confers no rights of ownership whatsoever, and agrees not to make any monetary or other claim against the Tribe for the use of the photograph(s), audio and/or video(s). The undersigned also waives any right to royalties or other compensation arising or related to the use of his/her image, audio and/or video recording.

The undersigned further releases and holds harmless the Tribe and its officers, employees and/or legal representatives from any and all liability for any claims by the undersigned or any third party arising out of, relating to, or in connection with this participation.

Accepted and Agreed:

Name _____
(Print)

Date _____

Signature _____
(Signature of Guardian if under 19 years of age)

Date _____

Witness _____

Date _____