

Channel Islands Dive Adventures-Photo Release

Release Form

Date(s) of photograph(s) / video(s) / sound recording(s) _____

I hereby grant Channel Islands Dive Adventures the right to record my voice and likeness for use in a print or media production and to make unlimited use of the photograph(s) / video(s) / sound recording(s) me.

I understand the photograph(s) / video(s) / sound recording(s) of me may be published or distributed by means of a print publication, the internet, videotape, DVD, broadcast, podcast, cablecast, film or any similar electronic or mechanical method.

I understand that I do not own the copyright of the photograph(s) / video(s) / sound recording(s), and I waive any right to inspect or approve the final use(s) of the photograph(s) / video(s) / sound recording(s).

I have read this release and fully understand its contents, and I:

Am 18 years old or older and have the right to enter into this contract

Am the parent / guardian of the minor named below and agree to these conditions

NAME (PLEASE PRINT)

PHONE

EMAIL ADDRESS

SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE (IF CHILD IS UNDER AGE 18)

FOR CHANNEL ISLANDS DIVE ADVENTURES USE ONLY:

Notes: _____

Channel Islands Dive Adventures Representative

Date