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# MISSIONARY INFORMATION RELEASE FORM

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## Photo/Model Release

In consideration of my engagement as a model, I hereby grant to the General Council Assemblies of God, and its representatives and employees, the irrevocable right to take photographs and videos of me, and to make recordings of my voice, and to use these images and recordings, as well as my name and biographical information, as follows:

- The use may include reproduction, distribution, modification, display, and performance.
- The use may be in composite or modified forms and in any media, now known or later developed.
- The use may be for any purpose throughout the world and in perpetuity.

I further acknowledge that I will not be compensated for these uses, and that the General Council exclusively owns all rights to the images and recordings. I waive the right to inspect or approve uses of the images and recordings. I hereby release the General Council, its representatives and employees, from any claims that may arise from these uses, including claims of defamation, invasion of privacy, or rights of publicity or copyright. This release is binding on me, my heirs, assigns, and estate.

I am 18 years of age or older and have read the above authorization and release prior to its execution. If under 18 years of age, the legal guardian indicated below has signed on my behalf.

Print (check one)

- I authorize my information to be available on printed elements.  
 I do not authorize my information to be available on printed elements.

Web (check one)

- I authorize my information to be available on the U.S. Missions Web site.  
 Please exclude the following information: (for example: phone number)  
\_\_\_\_\_
- I do not authorize my information to be available on the U.S. Missions Web site.

Media (check one)

- I authorize my information to be available on audio and video components.  
 I do not authorize my information to be available on audio and video components.

Completed by:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Department: \_\_\_\_\_ Website: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(If married, both spouses must sign for information to be released).

