

## Oregon Job's Daughters Media Release Form

I grant permission to Job's Daughters International and its subordinates, to use my name and/or photographs for use in Job's Daughters International publications such as recruiting brochures, newsletters, and magazines, and to use my name/and or photographs on display boards, and to use my name and/or photographs in electronic versions of the same publications or on the Job's Daughters International web site, ORIOJD web site or other electronic forms or media.

I hereby waive any right to inspect or approve the finished photographs or 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 photograph.

I hereby agree to release, defend, and hold harmless Jobs Daughters International and subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, 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.

Please check the paragraph below which is applicable to your present situation:

\_\_\_\_ I am 20 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 failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_ I am the parent or legal guardian of the below named child. 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 failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Date: \_\_\_\_\_ Bethel No. \_\_\_\_\_ Location \_\_\_\_\_  
(City/State/Province)

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State/Province) (Zip/Postal Code)

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

Signature of parent or legal guardian  
(if under 20 years of age): \_\_\_\_\_

Please return the completed form to:  
Irv Emmons  
PO Box 1337  
Aumsville, OR 97325-1337