

LIFEWAY GIRLS CONFERENCE

PARTICIPANT MEDIA RELEASE FORM

NAME (FIRST, LAST): _____ DOB: _____

CHURCH NAME: _____ CITY: _____ STATE: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: _____

EMAIL: _____

I, the undersigned, do hereby consent and authorize Lifeway Christian Resources and any of its representatives to use and reproduce photographs, film, video, or other electronic imaging of me and information relating to my circumstances for present and future advertising purposes. I further agree to allow Lifeway Christian Resources to use my name and other information provided by me during interviews and conversations unless otherwise stipulated for present and future advertising purposes. I wave any right that I may have to approve the photographs, film, video, or electronic imaging or background copy which may be used or to approve the use to which it may be applied.

SIGNATURE _____ DATE ___/___/___

PARENT OR GUARDIAN SIGNATURE (IF UNDER 18) _____

