## **Photo Release Form**

I hereby grant the business Believers permission to use my likeness in a photograph in any and all publications for business marketing purposes, including website entries, social media outlets and printed publications without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of Believers and will not be returned.

I hereby irrevocably authorize Believers staff to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Believers Catering, Training or Personal Chef Services or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph

I hereby hold harmless and release and forever discharge Believers from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and 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 agree to indemnify and hold Believers Company and Staff harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the photographed activities in which I am taking part.

Signature/Date	Printed name/Date
X	×

Believers
7300 W. 25<sup>th</sup> Street, #1502, Riverside, IL 60546
708-712-8779 ◆708-294-3778 (Fax)

<u>Believersctp@gmail.com</u>

www.believers1.com

Address ,City, State and Zip Code		
Phone number		
If the person signing is under age 18, there m	ust be consent by a parent or guardian, as follows:	
I hereby certify that I am the parent or guardi	an of	
consent without reservation to the foregoing	, named above, and do hereby give my on behalf of this person.	
Parent or Guardian's Signature/Date	Parent or Guardian's Printed Name/Date	
X	X	

Privacy Act Statement: This information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorizing acceptance of the information requested on this form. The data you furnish will be used only to provide Believers with contact information pertaining to this release form.

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