



# Desert Mountain Four Wheel Drive Club Video Release Form

Version 1, 4 Feb 2023



I, \_\_\_\_\_, hereby **(circle one) GRANT, DO NOT GRANT** permission to **Desert Mountain Four Wheel Drive Club (DMFWDC)**, the rights of my image, in video or still, and of the likeness and sound of my voice as recorded on audio or video recording without payment or any kind. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for ANY USE which may include but is not limited to:

- Presentations, Courses, Online/Internet Videos (You Tube), Media, News (Press)

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

This release applies to photographic, audio or video recordings collected during events hosted by the DMFWDC, such as; off-roading trips, camping, club meetings etc.

By signing this release, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against the DMFWDC and its representative or any organization utilizing this material for educational purposes.

\_\_\_\_\_ **NOT GRANTED:** If you have elected to not grant permission to be videoed by DMFWDC media, your image if captured will be blurred or removed as best possible from all videos published on You Tube by DMFWDC.

Full Name: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

If this release is obtained from a presenter under the age of 18, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_