



PERSONAL CONSENT AND RELEASE AGREEMENT

I hereby grant full right and permission to ACTS Missions of my image, likeness and sound of my voice as recorded on photograph, videotape or audio without payment or any other consideration. 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 the following purposes:

- conference presentations
- educational presentations or courses onsite or online
- informational presentations
- ACTS Missions website and/or social media sites
- educational videos

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

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this agreement, 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 any person or organization utilizing this material for educational purposes.

PARTICIPANT

I am at least 18 years of age:

Signature: _____	YES: _____ NO: _____
Printed Name: _____	If No, Parent/Legal Guardian Signature is required: Signature: _____ Printed Name: _____
Address: _____	
City /State: _____	
Phone: _____	DATE: _____
Email: _____	

7711 Madonna Drive, San Antonio, TX 78216
 210-342-1077 / info@actsmissions.org
 www.actsmissions.org