WASHINGTON COUNTY HISTORICAL SOCIETY

Video and Photo Release for Program Participants

Participant Name (Printed): _____ Date: _____

Parent or Guardian Name (Printed): _____

Program: _____

I hereby warrant that I am the parent or legal guardian of the Participant named above (hereinafter "my child") and have the right to contract on my child's behalf.

In consideration for my child being allowed to participate in the Program, conducted by the Washington County Historical Society (WCHS), I hereby grant in perpetuity the Washington County Historical Society, and those acting on its behalf and with its permission, 1) the right and permission to photograph my child and/or record my child's voice and image in connection with the above Program, and 2) a worldwide, nonexclusive, royalty-free license to use and/or display such photograph and/or recording (including my child's name) solely for education and promotional purposes pertaining to WCHS and its programs, whether on the WCHS web site, in WCHS publications, in WCHS video, or in any other medium (including social media), whether currently existing or later developed.

I recognize that I can withdraw this consent at any time, by furnishing notice in writing. However, such withdrawal shall not apply to pictures or footage the precedes the withdrawal.

I hereby warrant that I am 18 years of age or older, have read this agreement in its entirety before signing, and I fully understand the contents therein.

Signature _____

Printed Name _____

Date _____