



Photo Release Form

I hereby give my consent to Africa New Life Ministries, its representatives, and employees to take photographs, film, and videotape me, my property, and/or the minor child or children listed below in connection with my service trip to Rwanda.

I agree that Africa New Life Ministries may use such photographs of me and/or the minor child or children listed below with or without our name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and web content. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness and/or the likeness of the minor child or children listed below appears.

I hereby release Africa New Life Ministries and his/her legal representatives and assigns from any and all claims whatsoever in connection with the use, reproduction, publication of the images thereof. I further acknowledge that since participation with Africa New Life Ministries is voluntary, neither I, nor the minor child, or minor children, will receive financial compensation of any type associated with the taking or publication of these photographs.

I further attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Africa New Life Ministries to use their likeness and names.

I have read and understand the above:

Printed Name: _____

Signature: _____ Date: _____

Relationship to Children: _____

Names and Ages of Minor Children:

Name: _____ Age: ____

Name: _____ Age: ____

Name: _____ Age: ____

Name: _____ Age: ____

Name: _____ Age: ____