



Sunday, May 5<sup>th</sup>, 2013

**Photograph/Video/Audio — Release Agreement**

I, the undersigned, so hereby consent and agree that the CEH Hospice Society, its employees, or agents have the right to take photographs, videotape, or take digital recordings of me during the 2013 Hike for Hospice Palliative Care, to be held on May 5<sup>th</sup>, 2013. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release the CEH Hospice Society, its employees, or agents to exhibit this work in print or electronic form publicly or privately and to distribute copies for all promotional and advertising purposes. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording or photographing me, or for distributing recordings or photographs of me.

I also understand that the CEH Hospice Society is not responsible for any expense or liability incurred as a result of my participation in this recording or photographing, including medical expenses due to any injury incurred as a result.

I represent that I am at least 18 years of age, or am signing on behalf of my child or ward, and have read and understand the foregoing statement, and am competent to execute this agreement.

Name (Please Print): \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) of Child(ren) (if signing on behalf of):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

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

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