

Photo/Video Release Form for Adults

I authorize Community Financial Credit Union to utilize my name, likeness, photograph(s), and video performance for purposes of Community Financial printed or promotional materials; including social media. I hereby waive my rights to inspect and approve the finished product, its use, or such written or spoken copy as may be used in connection therewith. I agree that I will not hold Community Financial responsible for any liability resulting from the use of my name, likeness, testimonial statement, photo(s) or video performance in accordance with the terms hereof, including any distortion or faulty reproduction which may occur in finished materials.

I am over 18 years of age and have the right to make this agreement.

Printed Name Signature	
Date Phone Number	
Photo/Video Release Form for Minors (if under 18)	
performance for purposes of Community Financhereby waive my rights to inspect and approve may be used in connection therewith. I agree to resulting from the use of my name, likeness, te	o utilize my child's name, likeness, photograph(s), and video cial printed or promotional materials; including social media. I the finished product, its use, or such written or spoken copy as nat I will not hold Community Financial responsible for any liability stimonial statement, photo(s) or video performance in accordance or faulty reproduction which may occur in finished materials. make this agreement.
Parent Guardian Printed Name Signature	
Child's Name Date	
Parent Guardian Phone Number	