



Photography Release Form

(253) 327-1228

Beacon

Operated by Franke Tobey Jones

Photography Release Form

For and in consideration of my participation in activities at FRANKE TOBEY JONES and Beacon Senior Center, I hereby agree as follows.

I acknowledge this document as an agreement between FRANKE TOBEY JONES and myself regarding participation in approved activities in which I may be photographed or videotaped from time to time. I understand that every effort will be made to abide by my wishes as indicated below; however, I understand that there may be times in which I may inadvertently appear in a photograph. For valuable consideration received, I hereby irrevocably and in perpetuity agree to hold harmless FRANKE TOBEY JONES, and all of its affiliates, employees, agents, representatives, successors and assigns, from any and all claims or causes of action of any nature (known or unknown) arising out of my participation in any activity and publication of subsequent photographs in which media of any kind is a result of such activity.

I hereby agree that I will not bring or consent to others bringing claim or action against FRANKE TOBEY JONES should any and all media that might be published in conjunction with activity participation herewith, defamatory, reflects adversely on me, violates any other right whatsoever, including, without limitation rights of privacy and publicity.

As previously stated, we will make every effort to honor your request as stated below; however, if media is inadvertently published, I release FRANKE TOBEY JONES, its employees, directors, officers, successors, and assigns from and against any and all claims, demands, actions, causes or actions, suits, costs, expenses, liabilities and damages whatsoever that I may hereafter have against FRANK TOBEY JONES in connection with any media where I am so pictured.

FRANKE TOBEY JONES shall have the right to assign its rights hereunder without your consent, in whole or in part, to any person, firm or corporation.

AGREED TO AND ACCEPTED this _____ day of _____, 20_____.

_____ I agree and confirm that photos may be taken and published of me during any and all activities in which I participate.

_____ I do not want my photo published.

Print Name of Participant _____

Participant Signature _____

Telephone Number _____