

PENDLETON OREGON PARANORMAL SOCIETY

Audio/Video/Photographic Release

Clients

Please read all the way through before signing. If you have any questions, please speak with a Pendleton Oregon Paranormal Society Manager.

In the below agreement:

Pendleton Oregon Paranormal Society and POPS are one and the same.

I, *(please print name)* _____ hereby authorize the POPS sole and exclusive rights to use, publish, copy, print, copyright or electronically transfer any and all photographs, video and audio clips taken by me or of me before, during and/or after any POPS investigation, activity, event and/or function. I also agree that POPS may use such photographs, videos and/or audio recordings taken by me and/or of me with or without my consent or use of my name for any lawful purpose, including but not limited to; publicity, illustration, advertising, marketing, copyrighting, social media and/or web content.

I, *(please print name)* _____ hereby irrevocably authorize POPS to edit, alter, copy, exhibit, publish and/or distribute this media for the POPS investigations, activity, events and/or functions or any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive the right to royalties or other compensation arising or related to the use of any of the photographs, video and/or audio clips.

I, *(please print name)* _____ hereby hold harmless and release and forever discharge POPS from all claim demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf of my estate have or may have by reason of this authorization.

By signing this form, I agree that I am at least 18 years old and am competent in my own name. I have read this release before signing below and I fully understand the contents, meanings and impact of this release.

Date: _____

POPS Team Member Name *(please print)*: _____

POPS Team Member Signature: _____

Date: _____

POPS Manager Name *(please print)*: _____

POPS Manager Signature: _____