



YMCA OF SAN DIEGO COUNTY  
**COMMUNITY  
WELL-BEING  
& BELONGING**

## PHOTO / AUDIO VISUAL / NARRATIVE RELEASE

I certify that am 18 years of age or older. I provide the following release on behalf of myself and/or the minor child or children, under the age of 18, listed below. I certify that I am the Parent or Legal Guardian for any minor child listed below.

### Consent.

For participation in any activity, program and/or service provided to me and/or the minors listed below by the YMCA of the USA ("YMCA-USA") and/or YMCA of San Diego County ("YMCA-SD"), their affiliates and/or sponsors, I hereby and forever authorize, consent and grant permission to the YMCA-USA and YMCA-SD, their officers, directors, employees, volunteers, agents, representatives and/or other entities to whom they have granted permission, to use my name, likeness, image, voice, appearance, and/or personal narrative embodied in an any recording taken or made on behalf of the YMCA-USA and YMCA-SD or otherwise provided by me.

I agree and consent that this release covers any and all recordings which includes, but is not limited to, any type of:

- **Audio Recording:** voice, sound, audio clip or accompanying written description or transcription;
- **Video Recording:** video, clip, reel, or accompanying written description or transcription;
- **Photographic Recording:** negative, static, polaroid, print, digital image, still photograph originating from a video recording, drawing, painting or other rendering;
- **Narrative Account,** transcript or description related to or made in connection with the activities, programs and/or services provided by the YMCA-USA and YMCA-SD.

I agree, consent and give permission to the use of the above materials without notification. I further waive any right to inspect, approve or modify the original and/or final audio, visual, narrative recording or any printed or electronic matter that may be used with them.

### Ownership, Confidentiality, and Shared Use.

I agree that the YMCA-USA and YMCA-SD forever own the original recording and any subsequent version, alteration or modification of the recording and may use such material without restriction. I acknowledge and agree that neither myself nor anyone acting on my behalf or any minor identified below will receive compensation for any such use of the recordings by the YMCA-USA or YMCA-SD.

I agree and consent the recordings listed above may be used for publication, display, use on YMCA-USA and YMCA-SD sponsored websites, social media, virtual networks, portals or affiliate websites, for sale, marketing, exhibition in promotions, advertising, awareness, education and for any and all legitimate business uses in any form and media, adaptations and/or revisions, throughout the world and forever.

I understand and acknowledge that there is no obligation of confidentiality with regards to any recording or the YMCA-USA and YMCA-SD's use of such recordings. The YMCA-USA and YMCA-SD maintain separate policies and procedures to ensure privacy and confidentiality for its members where appropriate throughout its facilities, programs and the services they offer. Please contact the YMCA-USA or YMCA-SD for more information regarding privacy and confidentiality.

**Release of Liability.**

I further agree and hereby do release and discharge the YMCA-USA and YMCA-SD, their officer, directors, agents, representatives, volunteers, affiliates and/or those they have authorized and given written permission to use the above recordings, from any and all claims, actions, lawsuits or demands of any kind arising out of, concerning or relating to my consent, the use or shared use of the above recordings on behalf of myself and/or the minor(s) listed below.

I acknowledge and agree that my consent to this release may not be revoked, terminated or suspended at any time.

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

Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I am the Mother/Father/Legal Guardian of:

\_\_\_\_\_ (Child(s) Name)

For the consideration contained herein, I hereby consent to the foregoing on behalf of the minor(s) listed above.

Signature of Mother/Father/Legal Guardian on Behalf of Minor:

\_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_