

PHOTO, VIDEO, AND AUDIO RELEASE FORM

Address	City	State	Zip
SIGNATURE		Da	ate
I HAVE READ THIS RELEASE AND AND I UNDERSTAND AND AGRE		FIXING MY SIGNATURE	BELOW,
I understand that I will not be p participating as a volunteer and photograph, video, audio, copy chapters from any and all claim occur from making, showing, us	d hereby waive any right to in , printed or digital matter. I s of harm and liability as a re	nspect or approve the fin release ACAPcommunity sult of any distortion wh	ished and iich may
audio of me, using my image(s) any legal purpose related to AC promotion.	•		
I, (print name) ACAPcommunity and official AC	•		and/or
(nrint name)		give my normic	ccion to