



Waiver and Release Form
LWML Rocky Mountain District
Mission Grant Proposal Submissions
2024-2026 Biennium

Please have the grant administrator sign and date this Waiver and Release for use of photographs/videos for the submitted grant proposal. Forward it to the appropriate person for the authorized signature and have them return it with the Mission Grant Proposal Submission forms, along with any media provided, no later than **November 20, 2023**. Please submit all materials to missions@lwmlrmd.org.

Authorization to Take and/or Use Photographs/Video/Testimonials

I, _____, hereby grant the Lutheran Women’s Missionary League – Rocky Mountain District, its directors, officers, employees, agents, and designees (collectively “LWML RMD”) non-revocable permission to (a) capture my image and likeness in photographs, videotapes, recordings, or any other media (collectively “Images”), and (b) to document any biographical information, facts, stories, testimonials or other information I disclose to LWML RMD (the “Testimonial”). I acknowledge that LWML RMD will own such Images and Testimonial and further grant the LWML RMD permission to copyright, display, publish, distribute, use, modify, print, and reprint such Images and Testimonial in any manner whatsoever related to LWML RMD business. I understand that my photograph(s) and Testimonial may be used in a wide variety of promotional materials including newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications. I also waive any right to royalties or other compensation arising from or related to the use of the Images or Testimonial. I further waive any right to inspect or approve the use of the Images and Testimonial by the LWML RMD prior to its use. I forever release and hold the LWML RMD harmless from any and all liability arising out of the use of the Images or Testimonial in any manner or media whatsoever and waive any and all claims and causes of action relating to use of the Images or Testimonial, including, without limitation, claims for invasion of privacy rights or publicity.

I have read and understand the above:

Name (print): _____

Signature: _____

Address: _____

Date: _____ Telephone: _____

Email Address: _____

Name of Grant Proposal: _____

I hereby certify that I am the parent and/or guardian of _____ a child under the age of 18 years, and I hereby consent that any Images or Testimonial (as defined above) may be used for any purposes set forth in this Authorization and Release above.

Signature of Parent or Guardian: _____