

PHOTO CONSENT FORM

I hereby irrevocably consent to and authorize the use, publication and reproduction in any and all media at any time by the Hoven FFA Chapter and/or the South Dakota FFA Association or anyone it authorized, of any and all photographs/video taken of me with or without names, as the case may be, for any editorial purpose, promotion, advertising, trade or other purpose whatever.

I understand that the photographs or videos may be used initially in any or all publications in the promotion of the Hoven FFA Chapter and/or the South Dakota FFA Association. I realize that this coverage may place my picture with or without further explanation, alone or accompanied by other pictures, in story, on a web site, or on a cover of any or all publicity of the Hoven FFA Chapter and/or the South Dakota FFA Association. I hereby release the Hoven FFA Chapter and/or the South Dakota FFA Association, its staff and employees, or anyone it authorizes, from any and all claims whatsoever relating to or arising from the uses consented above.

Further, I so hereby relinquish to the Hoven FFA Chapter and the South Dakota FFA Association all rights, title, interest in, and income from the finished sound or silent motion pictures, still pictures, and/or sound recordings, negatives, prints, reproductions and copies of the originals, negatives, recording duplicates and prints, and further grant the South Dakota FFA Association the right to give, sell, transfer and/or exhibit the same to any individual, business firm, publication, television station, radio station or network, or governmental agency, or to any of their assignees, without payment or other consideration to me. My agreement to perform under camera, lighting and state conditions is voluntary and I do hereby waive all personal claims, causes of action, or damages against the Hoven FFA Chapter and the South Dakota FFA Association office and the employees thereof, arising from a performance or appearance.

I understand this authorization is for the entire year of membership, ending September 30, 2013.

FFA Member Name: _____

FFA Member Signature: _____ Date: _____

Parent or Guardian Name: _____

Parent or Guardian Signature: _____ Date: _____

As Hoven chapter advisor I _____ (Signature)

authorize the above information to be true.