

EAST GATE KINGDOM FELLOWSHIP

Photo & Video Release Form

PHOTO, VIDEO & MEDIA RELEASE AUTHORIZATION

East Gate Kingdom Fellowship ("EGKF") and its affiliated ministries, including Healing Streams International, regularly photograph, record, and film worship services, conferences, classes, outreach events, mission trips, and other ministry activities for ministry, educational, promotional, and archival purposes.

By signing this release, I acknowledge and agree to the following:

Permission to Use Images and Recordings

I grant East Gate Kingdom Fellowship, its representatives, employees, volunteers, successors, assigns, and authorized media partners permission to photograph, videotape, audio record, livestream, or otherwise capture my image, likeness, voice, appearance, testimony, and participation during ministry activities.

Use of Media

I understand that these photographs, videos, recordings, or other media may be used without further notice or compensation in any format now known or later developed, including but not limited to:

- Church services
- Social media platforms
- Website and online publications
- Livestreams
- Promotional materials
- Newsletters
- Printed publications
- Presentations
- Advertising and marketing materials
- Mission reports
- Educational and training resources
- Television or broadcast media

No Compensation

I understand that I will not receive compensation, royalties, or any other payment for the use of my image, voice, or likeness.

Ownership

I acknowledge that all photographs, videos, audio recordings, and other media created by or on behalf of East Gate Kingdom Fellowship are the sole property of East Gate Kingdom Fellowship.

Editing Permission

I authorize East Gate Kingdom Fellowship to edit, crop, modify, reproduce, publish, distribute, or otherwise use the media as deemed appropriate for ministry purposes, provided such use is respectful and consistent with the mission of the ministry.

Release of Liability

I release and hold harmless East Gate Kingdom Fellowship, Healing Streams International, their officers, directors, employees, volunteers, representatives, and agents from any claims, demands, damages, liabilities, or causes of action arising from the use of my image, likeness, or recordings, including any claims for invasion of privacy, defamation, or violation of publicity rights.

Privacy

East Gate Kingdom Fellowship will make every reasonable effort to use photographs and recordings in a respectful and honorable manner that reflects the values of the ministry.

Participant Information

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

Acknowledgment

I certify that I am at least 18 years of age and have read and fully understand this Photo & Video Release Form. I voluntarily agree to its terms.

Participant Signature: _____

Printed Name: _____

Date: _____

For Participants Under 18 Years of Age

I am the parent or legal guardian of the minor listed below and grant permission for East Gate Kingdom Fellowship to photograph, record, and use the minor's image, voice, and likeness under the terms described above.

Minor's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Relationship to Minor: _____