SCA VIDEO RELEASE FORM

I, (legal name)		_, being known within the
	ame)	, do hereby grant
permission to the SCA for the videos at	nd/or photographs of me taken by	
to be used as follows (check all that ap	ply, complete blanks as necessary):	
electronic. I reserve the right to ask	L VIDEOS AND PHOTOGRAPHS and/or photograph taken of me in any SCA publicate that any specic picture on the web or in electronal, do not check any of the Options below.	
OTHER OPTIONS — GRANTS OF	USE	
The SCA may (check all that apply):		
publish my video or photo once in	an issue of	;
	e than times in the above publication;	
<u>—</u>	e article entitled	
	re-print of the above publication including electro	nic iorm;
publish my video or photo on a SCpublish my video or photo with an web and electronic.	y article or as a stand-alone picture in any SCA pi	ublication, including print,
I AFFIRM AND AGREE:		
2. that I am over the age of majorit	ling upon me and my heirs, legal representatives a y and at least eighteen years of age and legally abl name and signature of my legal guardian appear b	le to sign this release on
	the SCA in the event any claim is brought against valid and enforceable or that I did not have lawfu he SCA.	
I have read the above Release prior to i	ts execution and fully understand the contents an	d consequences thereof.
SIGNATURE		
DATE	E-MAIL ADDRESS	
MAILING ADDRESS		
**LEGAL GUARDIAN NAME (Please Pri	nt)	
LEGAL GUARDIAN SIGNATURE	DATE	

^{**}If I am executing this Release as a Parent or Guardian, I consent to the use of my child's video or photograph as set out above, and I agree that if despite the Release, my child makes a claim against the SCA, I will hold harmless and indemnify the SCA for any damages it may incur as a result of said claim.