



GENESIS
-HEALTH REVOLUTION-

PHOTOGRAPHY RELEASE FORM

- I _____ hereby acknowledge that this Photography Release Form (hereinafter referred to as “**Form**”) became effective on _____.
- I hereby authorize “*Genesis Health Revolution*” to make use of any photographs of me that may be taken during their Health Programs that I have attended to be used for their health promotional materials.
- I hereby acknowledge that I will not be entitled to payment or any sort of charge for such action.
- I authorize the use of my photograph for publication on the ministries website, provided that it is done for lawful, moral and ethical purposes.
- I hereby release all rights to any, but not limited to, claims, rights, demands, and/or any causes of action by me or my representatives, heirs or anyone else.
- Furthermore, I hereby waive my right to any royalty or any other compensation with regard to the usage of the photos referred to in this Form.

GENESIS HEALTH REVOLUTION

CLASS PARTICIPANT

Name: _____

Name: _____

Signature: _____

Signature: _____