

WELLSPRING CHURCH TESTIMONY PERMISSION FORM

I _____ (the undersigned) do hereby irrevocably grant to Wellspring Church, North Richland Hills, Texas, its employees, students, in terms, volunteers, hereinafter called Wellspring staff, the absolute right and permission to record my likeness and/or voice with still photography, film, or videotape or digitally, to edit such at Wellspring staff's discretion, to incorporate the same in websites, films, and/or videotapes, digitally or through any other medium or any portion thereof, in any manner at any time or times throughout the world in perpetuity, to copyright, to use or authorize the use of soundtrack recordings and records of me or my voice.

I hereby waive any right to inspect or to approve the still photographs, films, videotapes or digital or other media that may be used in conjunction there with and further waive any claim that I may have with respect to the eventual use to which they may be applied. Such materials may be used at Wellspring staff's sole discretion, with or without my name, alone or in conjunction with any other material of any kind or nature. They may use just a portion of what I said, editing as they deem necessary.

I hereby release, discharge, and agree that the foregoing release is intended to be as broad and inclusive as is permitted by the law of the state of Texas and that if any portion thereof is held invalid, it is agreed that the balanced shall, notwithstanding, continue in full legal force and effect.

I have read this release, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the release freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

NAME: _____ DATE _____

SIGNATURE _____

Name of parent/guardian, if Minor and the Date;

_____ DATE _____

Signature of Parent/Guardian: _____