

Night to Shine Parent/Caretaker Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by Hope Church, and sponsored in part by or associated with the Tim Tebow Foundation, I hereby give my full consent to Tim Tebow Foundation, Inc., ("TTF") a Georgia nonprofit corporation headquartered in Florida and Hope Church ("Hope Church"), a Virginia nonprofit corporation, to record, by writing, by video, photographic, or audio recording device, or by any other analog or digital means, my actions, physical likeness, biographical information, and/or voice. Additionally, I hereby grant to TTF and Hope Church, without royalty or other compensation now or in the future, all rights of every kind and character whatsoever, in perpetuity, in and to any and all such recordings, along with any additional recordings I might provide to TTF and Hope Church, and to any benefits inuring to TTF and Hope Church as a result of its use of any of the foregoing recordings. Among other things, TTF and Hope Church may, but are not required to, copy or reproduce the recording, edit or modify it, incorporate it into another work, display or broadcast it or any of the foregoing privately or publicly, and use or license it or any of the foregoing for use by others, all for the sole benefit and at the sole discretion of TTF and Hope Church, for the advancement of TTF and Hope Church's exempt charitable purposes. All permissions granted herein extend to any successor or assign of TTF and Hope Church and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless TTF and Hope Church, its directors, officers, employees, volunteers, and independent contractors, from any and all claims or damages, including but not limited to defamation or violation of rights of privacy or publicity, arising from or associated with the recordings or use of recordings. This release shall be construed, interpreted and governed in accordance with the laws of the State of Florida, and should any provision of this release be determined invalid, such invalidity does not affect any of the remaining provisions. I am of full age and have the right to contract in my own name.

AGREED TO AND ACCEPTED:

Parent/Caretaker Information

Name of Parent/Caretaker: _____ Date: _____

Signature of Parent/Caretaker: _____

Address: _____ City/State/Zip: _____

Telephone: _____ Email: _____

Participant Information (Name of Guest Attending Night to Shine)

Name: _____