

# Naples Dance with the Stars Participant (Guests & Volunteers) Media Rights Release

By signing below, and for the good and valuable consideration of participating in an event hosted by New Hope Ministries, I hereby give my full consent and New Hope Ministries ("CHURCH"), a Florida 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 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 CHURCH, and to any benefits inuring to CHURCH as a result of its use of any of the foregoing recordings. Among other things, CHURCH may, but is 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 CHURCH, for the advancement of CHURCH's exempt charitable purposes. All permissions granted herein extend to any successor or assign of CHURCH and bind me and my heirs, successors, and assigns. I, hereby release and discharge and agree to hold harmless 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:

## Participant Information

Name of Participant: \_\_\_\_\_

Signature of Participant (if over age 18):

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Caretaker/Legal Guardian (if participant is under age 18):

\_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_