



Blue Horizons Dive Center

Blue Horizons Dive Center Photo and Email Release 2013

Date _____ Location _____
Name _____
Address _____
City _____
State/Province _____ Country _____ Zip code _____
Email _____ Telephone _____

I acknowledge that photos taken during the [Insert name of event] by Blue Horizons Dive Center ("BHDC") and 25 Fathoms International, Inc. ("25 Fathoms") and their staff members, may include me. I hereby grant to BHDC and 25 Fathoms, and their respective owners, employees, agents, and vendors who are engaged by BHDC and/or 25 Fathoms (each of BHDC and 25 Fathoms and their respective owners, employees, agents and vendors who are engaged by BHDC and/or 25 Fathoms being hereinafter referred to collectively as the Permitted Parties and each individually as a "Permitted Party") the right and permission to copyright and/or use and/or publish and republish, broadcast and rebroadcast, and/or distribute and redistribute photos and/or videos, in whole or in part, of me made on or about the date above, to the Permitted Parties and each of them, or their companies, as appropriate, for use in articles, advertising, Facebook photo-tagging, or for any other purposes in printed, electronic or any other media including, but not limited to, Facebook, magazines, books, newsletters, web sites, CD-ROMs, DVDs, tapes and other forms of still and/or motion media, including media that may not exist currently, but that is developed in the future. Such use may be worldwide. I further grant the Permitted Parties or any of them the right to transfer and/or assign this right and permission, permanently or temporarily, to any person, agent, entity or company in connection with said purposes. I acknowledge that the photograph(s)/video(s) may be altered, enhanced or edited through photographic or computer methods.

I hereby release and discharge the Permitted Parties and each of them and their respective assigns, agents and/or all persons acting under their permission and authority or those for whom they may be acting, from and against any liability as a result of this agreement, including but not limited to liability caused by any distortion, blurring, alteration or optical illusion that may occur in the taking of the photographs/video or in processing, reproduction or editing of the finished photograph(s)/video(s). I hereby release and discharge the Permitted Parties and each of them and their respective assigns, and all persons acting under their permission and authority or those for whom they may be acting, from and against any liability that results from the use of the aforesaid media, and assume any such risks myself. I waive any right to inspect said photograph(s)/video(s), etc. in its/their original, enhanced, or edited form prior to publication, duplication, broadcast or other use in any form of media.

I understand that no payment will be paid to me now or in the future for the use of the aforesaid media by any of the Permitted Parties.

I agree that copyright ownership of any of the aforesaid media resulting from this agreement shall be owned by the Permitted Party, taking the picture, video, or other media.

(cont.)



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I hereby warrant that I am of full age and competent to contract in my own name in so far as the contents of this release are concerned; or, if the person is under age 18, that I am the parent or legal guardian of said minor and I have the legal right to sign this agreement on the minor's behalf. I have read the above and I fully understand its contents.

Signature _____ Date _____

If person is under the age of 18 years, a parent or legal guardian's signature is required:

Age* _____

Parent/Legal Guardian's signature _____ Date _____

Printed Name of Parent/Legal Guardian: _____

Permission to Share your Email Address (optional)

Would you like to share your email address with other event participants? NO YES

By selecting yes, your email address will be included in a group email after the event so that you can network with your fellow event participants. Please also sign, date and include the email address you'd like to share below.

Signature _____ Date _____

Email Address _____