

MOMS Club® of Fruit Cove, FL

Photo Release and Liability Release

(Please return this form and a check for \$30 to VP Membership or mail to: MOMS Club of Fruit Cove, PO BOX 600945, St. Johns, FL 32260-0945)

Occasionally in MOMS Club of Fruit Cove, Florida we like to post pictures of our members and their children in our newsletter or on our group Facebook page. **These publications are only available to paying members and are closed to the public.** Please indicate below if you would like to participate in this or decline. We respect your rights and the rights of your children and will abide by your decision. If at anytime you change your mind, please request to fill out another form.

I wish to *(please check one)*:

- participate in
- decline to participate in

the posting of photos in the newsletter and group Facebook page. My decision also stands for my children/family.

_____/_____/_____
Member printed name **Member signature** **Date**

Occasionally in MOMS Club of Fruit Cove, Florida we like to post pictures of our members and their children on our website to promote the club. **The website is open to the public.** Please indicate your choice below. We respect your rights and the rights of your children and will abide by your decision. If at anytime you change your mind, please request to fill out another form.

I wish to *(please check one)*:

- include photos of me and my children
- include only photos of me
- not include photos of me and my children

on the website.

_____/_____/_____
Member printed name **Member signature** **Date**

I, the undersigned, understand that my participation and the participation of any members of my family in any MOMS Club activity or program is completely voluntary, and we hereby give permission for myself and my family to join in those activities or programs. My family shall hold harmless this local MOMS Club, the MOMS Club corporation, any MOMS Club volunteers or representatives, paid or unpaid, and/or the providers of any activity or program location and/or materials from any liability and/or responsibility for any accident, illness, or injury that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family rests with me.

_____/_____/_____
Member printed name **Member signature** **Date**