



### Gesa Credit Union Publicity Authorization and Liability Release Form

Gesa Credit Union requests your permission to reproduce through print, audio, visual, or electronic means activities in which you have participated. Your authorization will enable us to make reasonable use of recordings of Gesa activities in which you were involved through the use of mass media, displays, brochures, websites, and other means of communication.

- I fully authorize and irrevocably grant Gesa and its authorized representatives the right to print, photograph, record, and edit, as desired, my name, image, likeness, and/or voice on audio, video, film, website, or any other electronic or printed formats currently developed or which may be developed (known as "Recordings").
- I understand and agree that the use of such recordings will be without any compensation.
- I understand and agree that Gesa and/or its authorized representatives shall own exclusive right, title, and interest, including copyright and/or any other property interest, in the Recordings.
- I hereby accept the prize drawn and assume any risk or injury associated with acceptance and/or use of this gift.
- I understand that I am responsible for all taxes that may be required by law. If applicable, a 1099 form will be mailed if the prize is valued over \$600. It is the winner's responsibility to report this to the IRS when filing taxes.
- I represent that I am 18 years of age or older and have the right to enter into this agreement, or if I am under 18 years of age, my parent or guardian has consented to my execution of this release by signing below.
- By signing below, I hereby release and hold harmless and forever discharge Gesa and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, which relate to or arise out of participation in a Gesa event, acceptance of a prize, and any use of the Recordings to which this authorization pertains.

My signature shows that I have read and understand the release and agree to its provisions.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Witnessing Gesa Credit Union

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