

**North Central Healing Touch Gathering**  
**North Central Healing Touch Community, Inc.**  
**Photograph, Video and Audio Release Form**  
**March 24-25, 2023**

I, \_\_\_\_\_, do hereby grant permission to the **North Central**  
(Print Name)

**Healing Touch Community, Inc.** to photograph, video record or audio record me, and to use the images and sounds thus obtained as part of or in connection with the production of **North Central Healing Touch Community, Inc.** Gathering, on March 24-25, 2023, and audio-visual presentations in any available format or medium.

I understand that these materials will be used for the purpose of informing and educating the public about **North Central Healing Touch Community, Inc.** programs and activities. I further understand and agree that these photographic or video or audio images may be publicly distributed or displayed in connection with **North Central Healing Touch Community, Inc.** informational programs and activities, including shared on our website.

I further waive any rights and release any claims or causes of action I may have to object to, prevent or seek damages for the release, publication or use of the above images or audio under the Minnesota Data Practices Act (Minnesota Statutes, chapter 13) and any claims or causes of action I may have based on, arising from, or related to invasion of privacy.

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

Printed name: \_\_\_\_\_

Form with original signatures to be held by program with responsibility for the photograph, video recording or audio recording.

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