

Powhatan United Methodist Church Photographic Release:

Please read this document carefully and sign after marking whether or not you give your consent to have pictures or video recordings taken of your child(ren) or youth.

_____ I do not want any pictures, voice or video recordings taken of my child(ren) or youth during any event sponsored by Powhatan United Methodist Church. I do not give permission for any pictures, voice or video recordings of my child(ren) or youth to be used by Powhatan United Methodist Church in any publication, media presentation, or on the internet (such as a Facebook page).

OR

_____ I acknowledge that while involved in an event sponsored by Powhatan United Methodist Church the sponsors, staff or others acting on behalf of Powhatan United Methodist Church may make photographs, voice or video recordings or other likenesses of my child(ren) or youth. I hereby consent to such photos and recordings being made and used in church publications, media presentations, or on the internet (such as a Facebook page). I waive any and all rights to compensation for the use of such photos and recordings.

Child(ren)'s or youth(s) full names

- | | |
|-----|-----|
| 1.) | 2.) |
| 3.) | 4.) |
| 5.) | 6.) |

Parent/Guardian Signature _____

Date _____