



Media Release Form

I, the undersigned, hereby authorize Faith Church to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by Faith Church (I understand that I may be identifiable from such photographic or electronic reproduction)

Agreed and accepted by:

Print Name _____

Title _____

Address _____

City, State, Zip _____

Phone _____

Signature & Date _____

I am signing this form as the individual ☐ Yes ☐ No

PARENTAL CONSENT

I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this Media Release.

Signature of Applicant's Parent/Guardian

Date

Address of Parent/Guardian (if different)

(_____)_____
Phone Number (if different)

City, State, Zip Code

Opt Out: We respect the fact that you may wish to NOT have photos or video of yourself, or children under 18 years of age, used for church purposes. If this is the case, please fill in the "Opt Out" section below.

I, _____, object to the use of images of those listed below by Faith Church for church purposes, including but not limited to: still photography, video, electronic and print publications and websites.

Please list all household members included in the opt out:
