

Media Release Consent Form

Please read carefully:	
I, (Name of parent/guardian) he for the staff and volunteers of Christ Church Stouffville to record, film, image, and participation and to display, publish, or distribute these ph publishing, posting on the Christ Church website, posting on social me Church building.	or photograph my/my child's name, notos/videos for the purpose of
I hereby waive any right to approve the use of these photos/videos no known to me or unknown.	ow or in the future, whether the use is
I understand that the photos/videos may appear in electronic form on the internet or in other publications outside of Christ Church's control. I agree that I will not hold Christ Church Stouffville responsible for any harm that may arise from such unauthorized reproduction.	
☐ I have read and agree to these terms	
Acknowledgement	
I have read this Media Release Consent Form and I fully understand release. I understand that I am free to contact the administrator with a	•
Child's Name:	
Name of Parent/Legal Guardian	Date
Signature of Parent/Legal Guardian	