

Organization/School Name: Emanuel Lutheran Church
Address: 179 East Main Street Patchogue, NY 11772
Phone: (631) 758-2240
Program/Event: VBS 2026

I, the undersigned parent/guardian, **do NOT** grant permission for Emanuel Lutheran Church VBS to photograph, video record, or otherwise capture images or recordings of my child named above.

This includes, but is not limited to, use in:

- School or organization website
- Social media platforms
- Printed materials (newsletters, flyers, brochures)
- Presentations, displays, or promotional materials
- Media publications or broadcasts

I understand that reasonable efforts will be made to ensure my child is not included in photographs or recordings and that my child may be excluded from certain activities where avoidance is not feasible.

This denial of consent remains in effect unless revoked in writing.

Participant Information

Student/Participant Name: _____

Grade/Age (if applicable): _____

Parent/Guardian Information

Name: _____

Phone Number: _____

Email Address: _____

Parent/Guardian Signature _____

Date: _____