



WOODLANDS LUTHERAN CHURCH MEDIA RELEASE FORM

Name of Child(ren): _____

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I GRANT

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I DO NOT GRANT

Woodlands Lutheran Church of Lake County, Inc. the right to record, video tape, photograph and perpetually use my child's/children's voice, picture, portrait and/or likeness in and on any and all activities, events, productions and/or church websites for Woodlands Lutheran Church of Lake County, Inc. and any of its ministries to include but not be limited to the VBS, ELC, Youth Program and Christian Education Program. I understand that there will be no monetary compensation for his/her participation in any activities, events, productions and that nothing herein obligates Woodlands Lutheran Church of Lake County, Inc. to use his/her/their voice, picture, portrait and likeness in any activity, event or production.

I RELEASE Woodlands Lutheran Church of Lake County, Inc. from any and all liability or damages resulting from the use of my child's/children's voice, picture, portrait or likeness in the manner described herein. As pertains to the ministries of Woodlands Lutheran Church of Lake County, Inc., I also understand that the above mentioned tapes, videos, portraits and photographs are confidential in accordance with Section 228.093, Florida Statutes. Accordingly, by my signature below, I expressly waive any and all privacy rights which would otherwise have been accorded to these tapes, videos and photographs under the laws of Florida.

I _____ have read and understood this consent and release.

I do give my consent to Woodlands Lutheran Church of Lake County, Inc. to use my child's/children's name, voice and image as indicated above to promote the church and its ministries, programs and activities:

Signature

Date

I do not give my consent to Woodlands Lutheran Church, Inc. of Lake County to use my child's/children's name, voice and image as indicated above to promote the church and its ministries, programs and activities:

Signature

Date