



St. John's Ivyland

A United Methodist Congregation

PHOTO AND VIDEO RELEASE FORM
Release For Minor Children (Under the age of 18)

I, (print name) _____, parent or official guardian of (print child's name) _____, hereby grant permission to St. John's United Methodist Church to capture the following images of my child:

___ Photographs (traditional or digital image)

___ Video images

___ Live-stream video, including video that is accessible after event concludes

___ Utilize captured images or video in promotional materials (may include websites or electronic communications)

___ I consent to having my child's first name associated with digital or live-stream images (may include name typed on a bulletin/document or projected digitally on screens visible on a live-stream broadcast)

Date _____

(Signature of parent/guardian)

Name (please print) _____

Address _____

Phone _____

Email Address _____