

	1000 Ohia Avenue Saint Cloud, Florida 34769 Office 407.892.3128	POLICY OR FORM TITLE: Photograph & Video Release Form
APPROVED BY: Board of Trustees	DATE APPROVED: _____	
RESPONSIBILITY OF: Board of Trustees	PAGE 1 OF 1	

Release is granted for:

_____ Specific Event Only _____

_____ Any and all public events at First United Methodist Church of Saint Cloud or
First United Methodist Preschool

I am aware that photographs or video may be taken of First United Methodist Church (FUMC) Children's Ministry and First United Methodist Preschool participants during events, activities, and classes by FUMC _____ staff members, professional photographers, news media or volunteers. I also understand that my child is not required to have his/her picture taken.

I waive the right to see or approve any publications that contain photographs of my child.

I release FUMC and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

I give FUMC and its representatives permission to use photographs or video that include my child in any and all media products for promotion, art, advertising, editorial or other purpose. This may include but is not limited to newsletters both print and email, posters, brochures, ads, post cards and web pages.

_____ Yes, I agree to above stated photo release.

_____ No, I do not agree to above stated photo & video release.

I am the parent or legal guardian of the following child(ren) under 18 years of age:

Child's name: _____ Child's name: _____

Child's name: _____ Child's name: _____

Child's name: _____ Child's name: _____

Parent or Guardian: (print): _____

Signature: _____