

McEachern Memorial UMC
Children's Ministry

Consent to Photo Form

_____ I grant permission for my child's photograph or image to be published in print (newsletters, brochures, newspapers, etc...), video or on the internet in conjunction with the promotion of McEachern Memorial UMC. I understand that at no time will my child's partial or full name, or any identifying information, be attached to any material used in promotion.

_____ I do not wish for my child to be photographed.

Child's name _____
(please print)

Parent's name _____
(please print)

Parent's signature _____

Date signed _____