

I AM THE PARENT/GUARDIAN OF	(PRINT FULL NAME OF CHILD) ("My
Child"). I hereby grant The St. Paul's United Methodist Church Ark Pres to use photographic portraits, pictures, digital images or videotapes of or part, or reproductions thereof in color or otherwise for any lawful pu Church / Preschool publication or on the websites and social media out	My Child, or in which My Child may be included in whole irpose whatsoever, including but not limited to use in any
I hereby waive any right that I may have to inspect and/or approve the tion therewith, wherein My Child's likeness appears, or the use to whic	
I hereby release, discharge, and agree to indemnify and hold harmless to demands, and causes of action that I or My Child have or may have by regraphic portraits, pictures, digital images, videotapes, including any liabilitusion, or use in composite form, whether intentional or otherwise, the or videotapes, or in processing tending towards the completion of the formation brochures, or any other advertisements or promotional materials.	reason of this authorization or use of My Child's photo- bility by virtue of any blurring, distortion, alteration, optical at may occur or be produced in the taking of said images
I represent that I am at least eighteen (18) years of age and am fully cor	mpetent to sign this Release.
THIS IS A RELEASE OF LE READ IT CAREFULLY AND BE CERTAIN YOU U	
PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN YOUR NAME	
CONSENT: We/I hereby certify that I am the parent or guardial consent without reservation to the foregoing on behalf of My 0	, -
NON-CONSENT: We/I hereby certify that I am the parent or gumy consent to the foregoing on behalf of My Child.	ardian of the above named child and hereby do not give
(Parent/Guardian's Signature)	(Date)

(Date)

(Parent/Guardian's Printed Name)