BAKERSTOWN UMC PARENT/GUARDIAN
CONSENT FORM FOR PHOTOGRAPHS

Except where a signature is required, please PRINT all requested information. Please check the option that applies.

- ○ I consent to my child(ren) attending Bakerstown United Methodist Church for any function being photographed/videographed.

I agree that Bakerstown United Methodist Church shall have the right, but not the obligation to use my child's photograph, likeness (including caricature), for their website/social media at any time and for any other purpose or materials the ministry deems necessary. The child's name will not be used with the photos.

- ○ I do not consent to my child(ren) having their photo/video taken.

Name of child(ren): _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____