

**Gulf Breeze United Methodist Church
Photo, Video, and Image Release Authorization**

CHILD'S NAME: _____

PARENT(S)/LEGAL GUARDIAN(S) NAME(S): _____

ADDRESS(ES): _____

PHONE NOS.: _____

E-MAIL(S): _____

I DO give permission for my child's picture, photograph, video, and image to be taken for use in local newspapers and media, church newsletters and communications, church website, etc.

I DO NOT give permission for my child's picture, photograph, video, and image to be taken for use in local newspapers and media, church newsletters and communications, church website, etc.

Signature:

Parent/Legal Guardian
Printed Name: _____

Date

Received by:

GBUMC Staff/Manager
Printed Name: _____

Date