



MUMC Photo Release Form

I agree that Matthews United Methodist Church (“MUMC”) may photograph and record my child/dependent’s likeness and activities (Images)¹ during church and/or youth ministry related activities. I grant the following rights to MUMC: permission to use and re-use, publish and re-publish, to record, use, edit, reproduce, and/or publish photographs, video, audio, and/or other electronic images that may portray and/or relate to my child’s image, likeness and/or voice, for any lawful purpose without compensation.

This authorization shall not expire and will remain effective indefinitely until rescinded in writing.

Child/Youth’s Name (print)

Parent/Guardian Name (print)

x

Parent/Guardian Signature

Date

Street Address

City, State, Zip

Parent/Guardian Email

Phone

¹ Image means all photographs, film, or other recordings taken of you as part of the Shoot.