

Hope United Methodist Church – Children’s Media and Medical Release

I, *(parent/guardian’s name)* _____, grant permission for Hope United Methodist Church to use any photograph, video, sound and/or written or verbal account of my child(ren) in any media outlet so chosen by Hope United Methodist Church (including but not limited to: the church’s website, the church’s social media, church directory, and community and church-related publications and media outlets).

This consent shall be retroactive, in that any photograph, video, sound and/or written or verbal account attained previously may be used by Hope United Methodist Church in any media outlet.

Hope United Methodist Church promises not to use any account of the child(ren) in a negative, false or destructive fashion.

In addition, in the event of a medical emergency, an attempt will be made to reach the emergency contact on the child’s registration form. However, should the contact not be reachable, I authorize the VBS staff to seek emergency medical assistance.

Printed name of parent/guardian:

Printed name(s) of child(ren):

Signature: _____

Date: _____