

ACUMC Photo Release Form for Children and Students

I agree that Armstrong Chapel United Methodist Church may photograph and record my child/dependent's likeness and activities (Images)¹ during church-related activities. I grant the following rights to ACUMC: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website, social media and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge ACUMC from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

I DO NOT consent to images of my student being used in any form outlined above. I will provide an electronic picture of my student for exclusionary purposes.

_____	_____
Student'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.