

Image Release and Authorization

First United Methodist Church
200 N. 15th Street
Fort Smith, AR 72901
(479) 782-5068

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Birth date _____

I _____ named above give permission for First UMC of Ft. Smith, AR, to use images in either still picture, video, or voice format of myself for promotion and program-related purposes, which may include but are not limited to web sites, newsletters, bulletin boards, videos, and pamphlets. This release shall remain in effect from the date signed until I submit in writing to First UMC that I no longer grant permission for the use of my image.

Signature

Date

If Under Age 18 Parent or Guardian Signature Required

I _____ the parent/guardian of the above named minor give permission for First United Methodist Church of Ft. Smith, AR, to use images in either still picture, video, or voice format of my child for promotion and program related purposes, which may include but are not limited to web sites, newsletters, bulletin boards, videos, and pamphlets. This release shall remain in effect from the date signed until I submit in writing to First UMC that I no longer grant permission for the use of my child's image, or my child becomes of legal age.

Signature

Date