

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to Elim Mission Church to use the image of my child, _____, as marked by my selection below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Elim Mission Church website.

We will always seek to use all images of Elim's children and our church family in a God-honoring and glorifying way.

<input type="checkbox"/>	Deny permission to use my child's image.
<input type="checkbox"/>	Grant permission to use my child's image in print, video, and digital media. I agree that these images may be used by Elim Mission Church for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print) _____

Please make a copy of this form for your own records and mail or fax the original to:

Elim Mission Church
405 Broadway Ave South
Cokato MN 55321
Fax: 320-286-5452

If you have questions, contact the office at 320.286.2662.