(your logo here)

# (your church name here)

## PHOTO/VIDEO PERMISSION FORM

This form is to be completed by any individual who is to be filmed/photographed/recorded by <Church name here>, before their photograph/video/likeness may be published or shared in any medium.

A parent/carer must sign on behalf of all children under 18 and children’s permission will also be gained prior to taking a photograph or video. Photos/videos may only be taken by authorised leader; not ministry participants or parents.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give ( give name of your church here ), permission to use photos/videos/recordings of in the following situations:

AND/OR

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/carer of the above child/ren give ( give name of your church here ), permission to use photos/videos/recordings of my child/ren, in the following situations:

(Please tick appropriate box/es)

* **Internal communications only (within the church/ministry members only)**
* **External communications including advertising for Church/ministry and website accessible to the public**
* **Photos/videos taken at in-person events**
* **Photos/videos taken during online ministry events (such as Zoom screen shot)**
* **Photos/videos/recording may be used in online worship services on Youtube**

I, do/do not give permission for my name to be printed alongside the photograph/video.

AND/OR

I, do/do not give permission for my child’s name to be printed alongside the photograph/video.

I am aware that ( give name of your ministry here ), will use my photos in good judgment and as agreed to by me and that I have the right to revoke permission for use at any time.

Adult’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY

 Photo Number: \_\_\_\_\_\_\_\_\_\_\_\_ Returned \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Published \_\_\_\_\_\_\_\_\_\_\_\_\_\_ L / W / P