

Photo and Audio/Video Release Child Evangelism Fellowship of Washington State

Child Evangelism Fellowship® may, from time to time, document the activities of the ministry with photos or videos. I give Child Evangelism Fellowship the right to and use of photographs or audio/video of me or my minor child, for, but not limited to, advertising, educational and promotional purposes.

Name of participant: _____

To be completed by parent/guardian of minor participant:

_____ I give the right to Child Evangelism Fellowship to use photographs and audio/video of my minor child as described in the above policy.

_____ I do not give the right to Child Evangelism Fellowship to use photographs and audio/video of my minor child as described in the above policy.

Name of parent/guardian: _____

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone number _____ Email address _____



To be completed by adult participant:

Check one:

_____ I give the right to Child Evangelism Fellowship to use photographs and audio/video of me as described in the above policy.

_____ I do not give the right to Child Evangelism Fellowship to use photographs and audio/video of me as described in the above policy.

Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone number _____ Email address _____

(NOTE: On electronic forms, your typed signature carries the same weight as your written signature.)