East Ohio Conference of The United Methodist Church Photo & Video Release Form

I hereby grant to the East Ohio Conference of The United Methodist Church, its local churches, representatives, employees and volunteers, the right to record my name, likeness and voice as part of church related video, audio or photographic productions.

I further give consent for my name, likeness and voice to be included in print, electronic and/or webbased productions to promote the ministries of The United Methodist Church.

I have read and understand the above.

Printed Name: _____

Address: _____

E-mail Address: _____

____ I am 18+ years of age

____ I am less than 18 years of age

Signature:		

Parent's Signature: _____

Date:	
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Date: _____