

**ADULT MEDIA RELEASE FORM**

**NAME (Printed)** \_\_\_\_\_

**Consent for individual photo**

I hereby grant all rights to Trinity Episcopal Church, Wethersfield to use my **(individual)** photograph and/or other reproduction of me or my physical likeness for Trinity publication purposes, whether electronic, print, video, digital or electronic publishing via the Internet. I further agree that any uses described may be made without additional consideration or compensation.

\_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consent for name associated with photograph**

I hereby give permission for Trinity Episcopal Church, Wethersfield to use my name when associated with a photograph on the parish website, parish social media sites, and in news releases in regard to any parish sponsored activity.

\_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ **eSignature consent (if applicable)**