

CHILD MEDIA RELEASE FORM
Parental consent for child (under 18) photograph

FAMILY NAME

(Printed) _____

I hereby give permission for Trinity Episcopal Church, Wethersfield, CT. to use my child's photograph (without their name) in parish publications, on the parish website, parish social media sites, and in news releases in regard to any parish sponsored activity.

_____ YES _____ NO

Child _____

Child

Child _____

Child _____

Parent/Guardian Signature _____

Date _____

_____ **eSignature consent (if applicable)**