

Photograph/Video Permission Slip

____ Yes, I give permission to Zoar Baptist Church to photograph/video or use a photograph of my child for Zoar Baptist Church Website or Newsletter publications for all events in 2017.

____ No, I do not give permission to Zoar Baptist Church to photograph/video or use a photograph of my child for Zoar Baptist Church Website or Newsletter publications for all events in 2017.

Child/Youth Full Name _____

Parent/Guardian Name _____

Parent/Guardian Telephone# _____

Signature _____ Date _____

Signature _____ Date _____