

OLV Youth Ministry

Photo and Video Consent Form

Personal

_____ Please check here if you authorize and give consent for the taking of pictures (moving or still) for yourself and further give permission for the reproduction of photos for teaching purposes, publication, and news releases etc....

Name: _____ Date: _____

Signature: _____

Parental

_____ Please check here if you authorize and give consent for the taking of pictures (moving or still) for your child or children and further give permission for the reproduction of photos for teaching purposes, publication, and news releases etc....

Names of children:

Parent Name: _____ Date: _____

Signature: _____