

RELEASE OF INFORMATION FORM - PHOTOGRAPHY

My signature grants permission for Calvary Episcopal Church to use my photograph and/or the photograph of the minor child/children listed below, for whom I am the parent/custodial parent/legal guardian, on its website or in other official printed and/or video based publications without further consideration.

I acknowledge that Calvary Episcopal Church has the right to crop or treat the photograph at its discretion.

I acknowledge that Calvary Episcopal Church may choose not to use the photograph of me or my children at this time, but may do so at its own discretion at a later date up to five (5) years from the date the photograph was taken.

I acknowledge that once my image or my child's image is posted on Calvary's website, the image can be downloaded by any computer user anywhere in the world. Therefore, I agree to indemnify and hold harmless Calvary Episcopal Church, its Wardens and Vestry, Rector, Interim Rector, Associate/Assistant Rectors, Deacons, its members and designees from any claims arising from the use of photographs of me or my child/children.

Calvary Episcopal Church reserves the right to discontinue use of any photograph without notice.

NAME OF ADULT: _____

NAME AND AGE OF MINOR CHILD/CHILDREN:

ADDRESS: _____

TELEPHONE: (Home) _____ (Cell) _____

E-MAIL: _____

SIGNATURE: _____ Date _____

(Adult/ Parent/ Custodial Parent/ Legal Guardian –please circle one)

Date Photograph(s) Taken: _____ Description of Photograph(s): _____
