

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, on social media, 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 or on social media, 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): _____
