

Media Release Consent Form

Name (PLEASE PRINT)

Do hereby grant permission to St Paul's Church Wilemployees or representatives, to take and use: vide lesson, intercessions, other documents, engaging in present in and during a service from recording or live Paul's Church as follows:	eo and/or digital images of me/my child reading a n other service-based activities or otherwise being
 In electronic publications or presentations including On the St Paul's website (www.stpaulsboundary re 	
I agree that my child's Identity (circle one):	may be revealed may not be revealed
in descriptive text or commentary in connection with for three years without compensation to <i>me/my</i> child the property of St Paul's Church.	
I am aware that I have the right to withdraw this con Administrator by e-mail at st.paulschurch@outlook.cu Road, West Bridgford NG2 7DB, or by telephone at	com, by mail at St Paul's Wilford Hill, Boundary
Name/s (PLEASE PRINT)	
Signature,	Date
Address,	Post Code
If participant is under the age of 18, his or her le	gal guardian must also sign:
I, (Printed name), am the psigned above. I have read and understand the providaking part in the ACTIVITIES described above and Assumption of Risk and Release from Liability.	isions of this document. I consent to the participan
SIGNATURE OF PARENT OR LEGAL GUARDIAN	N Date Signed