

Media Consent Form

FAMILY INFORMATION

Family Name _____

Address _____ City _____ Zip _____

Phone _____ E-mail _____

Name of Child _____ Grade _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please check one. (Blanks will be registered as permission being granted.)

_____ **I hereby grant** Holy Taxiarchai & St. Haralambos Greek Orthodox Church permission to use photo images, recordings, and/ or video of the above listed children for the purpose of promoting Holy Taxiarchai & St. Haralambos Greek Orthodox Church in but not limited to publications, social media, and on the Web. I agree that the images and/or video become the exclusive property of Holy Taxiarchai & St. Haralambos Greek Orthodox Church and waive the rights thereto.

_____ **I do not grant** Holy Taxiarchai & St. Haralambos Greek Orthodox Church permission to publish any photo images, recordings, and/or video of my child participating in any programs at St. Haralambos

I, the parent/legal guardian of the above named child, have read, understood & agree to all terms stated above.

Parent Name (printed):

Parent Signature: _____

Date: _____