

Morrow Memorial Church Media Release Form

Child's Name: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the child named above by Morrow Memorial UMC and its affiliates. I also grant to Morrow Memorial UMC the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Morrow Memorial UMC and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): _____

Date: _____

Address of Parent/Guardian:

OR

Signature of Student (if 18 or over): _____

Date: _____

Address of Student:

