

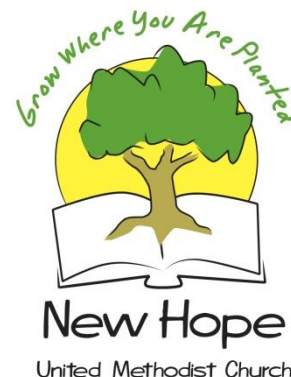
Photo Authorization Form

Name _____ DOB: _____

Phone _____

Address _____

Guardian Name (if using for a child under 18 years old) _____



Photography Release

I hereby authorize New Hope United Methodist Church to use and disclose my information or the information of my child in the form of:

- Photos, videotapes, digital or other images of me

For the following purpose(s):

- Publications for New Hope UMC Marketing or Fundraising Purpose(s)
- Church directory, Sunday Worship Celebration, newspaper, web site, Facebook, or other publication.

Please be aware that New Hope UMC does NOT receive any direct or indirect remuneration from a third party as a result of obtaining this Authorization.

Signature (of Parent or Guardian if under 18) _____ Date: _____

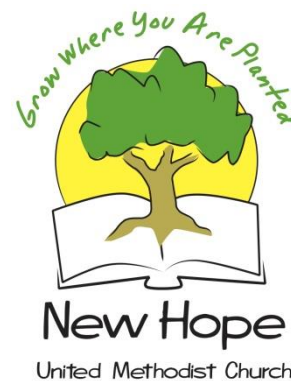
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