



IMAGE AND TECHNOLOGY CONSENT FORM - Minors

Child's Name _____
Last Name First Name MI Grade

Date of Birth: _____

Please check "Yes" or "No" for each of the following items and sign at the end of this document.

My child has my permission to:

1. Be photographed or videotaped for church related activities.
I (we) consent to any use of said photographs, motion pictures, video tapes, or any duplication thereof for any purpose Harvest Assembly of God, Inc. may deem appropriate.

Yes _____

No _____

2. Have his/her photo/video image published to the Harvest website.

Yes _____

No _____

3. Have work published on the internet website.

Yes _____

No _____

4. Have his/her name published to the church website, first name only.

Yes _____

No _____

I have read and understand the Image and Technology Consent Form. I also understand that this consent document remains in effect until I modify the permissions in writing.

Parent/Guardian Name(s) _____ (please print)
Last Name First Name MI

Parent/Guardian Signature(s) _____ Date _____