



First Methodist Midland

Photo and Media Release Form 2024-2025

Child's Name: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ or \_\_\_\_\_

Email: \_\_\_\_\_ or \_\_\_\_\_

I DO give permission for my child's picture to be taken for use in local newspapers, church newsletters, church website, church video screens and similar publications to promote the Children First program.

I DO NOT give permission for my child's picture to be taken for use in local newspapers, church newsletters, church website, church video screens and similar publications to promote the Children First program.

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Parent/ Legal Guardian Name (signature)

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Parent/ Legal Guardian Name (print)