



BRYN MAWR PRESBYTERIAN CHURCH

625 Montgomery Avenue | Bryn Mawr, Pennsylvania, 19010 | 610-525-2821 | Fax: 610-525-9476

IMAGE/NAME PERMISSION & RELEASE

Bryn Mawr Presbyterian Church may wish to photograph, videotape, or otherwise record the activities of the Program participants for the purpose of promoting the Program. We will not publish identifying information (i.e. name, grade) in conjunction with an image. I give permission for my child in the Program to be videotaped, photographed, and/or recorded, in connection with the Program. I give permission for BMPC to use said videotaped, photographed, and/or recorded materials in BMPC publications, websites, social media, CD's, DVD's or other media, for publicity purposes or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded materials.

Child's Name *(please print)* _____ Yes _____ No _____

Parent/Guardian Name *(please print)* _____

Parent/Guardian Signature _____ Date _____

Forms are Available at www.bmpc.org



BRYN MAWR PRESBYTERIAN CHURCH

625 Montgomery Avenue | Bryn Mawr, Pennsylvania, 19010 | 610-525-2821 | Fax: 610-525-9476

IMAGE/NAME PERMISSION & RELEASE

Bryn Mawr Presbyterian Church may wish to photograph, videotape, or otherwise record the activities of the Program participants for the purpose of promoting the Program. We will not publish identifying information (i.e. name, grade) in conjunction with an image. I give permission for my child in the Program to be videotaped, photographed, and/or recorded, in connection with the Program. I give permission for BMPC to use said videotaped, photographed, and/or recorded materials in BMPC publications, websites, social media, CD's, DVD's or other media, for publicity purposes or in any other non-commercial manner that it chooses. I hereby waive and release any rights that I may have to said videotaped, photographed, and/or recorded materials.

Child's Name *(please print)* _____ Yes _____ No _____

Parent/Guardian Name *(please print)* _____

Parent/Guardian Signature _____ Date _____

Forms are Available at www.bmpc.org