

Photograph Release Form

I hereby grant permission for the use of my photograph, or the photograph of my family member(s) listed below, on the web site for LaVergne First United Methodist Church – www.lavergnefirstumc.org , or LFUMC's Facebook page. (Names will not be used unless event-specific permission is given at the time.)

Signature: _____ Date: _____

(Parent or Guardian if under age 18)

Family Members:

I **DO NOT** wish to have my photograph, or the photograph of my family member(s) listed below, on the web site for LaVergne First United Methodist Church – www.lavergnefirstumc.org, or LFUMC's Facebook page.

Signature: _____ Date: _____

(Parent or Guardian if under age 18)

Family Members:

04/19/2016

rbo/dw