

Photo Release Form for Children

Whitney Point United Methodist Church

By signing this form, I give Whitney Point United Methodist Church permission to photograph my child and use his or her pictures on the church's digital platforms (website and Facebook) and print communications. Whitney Point United Methodist Church will never publish a child's name or any other personal information with any of its publications.

Child Name(s): _____

Parent/Guardian Name (please print): _____

Relationship to child (e.g. mother, father): _____

Parent/Guardian Signature: _____

Phone Number: _____

Date: _____

Return form in person or mail to:

Whitney Point United Methodist Church
7311 Colline Street
Whitney Point, NY 13862

Or email to: whitneypointumc@gmail.com