**VBS PHOTO RELEASE FORM**

CHILD’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ I **DO** give Bergen United Methodist Church and/or Bergen Evangelical Presbyterian Church permission to take photographs and/or videos of my child during the Community VBS program ONLY for use within the VBS programming and during the Community VBS Sunday Celebration service.

\_\_\_\_\_\_ I **DO NOT** give Bergen United Methodist Church and/or Bergen Evangelical Presbyterian Church permission to take photographs and/or videos of my child whatsoever.

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PARENT/GUARDIAN SIGNATURE

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DATE