

Photography & Video Consent

I, the undersigned parent/legal guardian, consent to have my child,
_____, photographed or video recorded
(student name)
at any gathering, meeting, or event of Crossroads Community Church. This
includes, but is not limited to the Student Ministry.

I agree that Crossroads Community Church shall have permission to use my
child's photograph or video recording, for the purpose of promotion.

Name of Parent/Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____