Please print minor’s name

Last name: ________________________________, First Name: __________________________

Photo Policy and Parental Permission

(UNDER 18 YEARS)

First Presbyterian Church of Arlington Heights (FPCAH) will be able to use the name, photograph, videotape, or interview of a child (under the age of 18 years) in church publications and productions, including publications distributed separately from FPCAH, such as newspaper, local media, and other organizations, unless one of the child’s parents or guardians denies consent by indicating on the consent form (see below). If consent has been granted, a parent or guardian may submit a written request to the Church Business Administrator at any time to reverse the decision and prohibit the use of their child’s name, photograph, videotaped image, or interview in FPCAH publications and productions, including, but not limited to, the church’s website, monthly Chimes newsletter, and webcasting programs, and publications distributed separately from FPCAH, such as newspaper, local media, and other organizations. FPCAH will only use the first name of the child in articles with identifying photos that will be published on the FPCAH website.

Under appropriate circumstances, FPCAH may allow outside reporters and/or photographers to attend church programs or events. During such instances, media representatives may interview, photograph, and/or videotape children participants of FPCAH. In order for FPCAH to grant permission to outside entities to photograph, videotape, or interview a student, one of the student’s parents or guardians must have signed the general consent form.

If a parent or guardian elects to prohibit use of a child’s name, photograph, videotaped image, and/or interview, FPCAH will not use the child’s name, photograph, or videotaped image in any church publication or production or in publications distributed separately from FPCAH, such as newspaper, local media, and other organizations.

PARENT/GUARDIAN CONSENT FORM

I have read and understand the responsibilities outlined in the preceding sections. I have the right to revise this consent at any time by providing a written request to FPCAH.

_____ I have read and understand that by signing this consent form I acknowledge that my child’s name, photograph, videotape, and/or interview may be used in church publications or in publications distributed separately from FPCAH, such as newspaper, local media, and other organizations.

Parent’s Name: ____________________________________________

Child(ren) Name(s): _________________________________________

Parent’s Signature on behalf of child(ren) under 18 ________________

Date: __________________________

_____ I DO NOT CONSENT

Parent’s Name: ____________________________________________

Child(ren) Name(s): _________________________________________

Parent’s Signature on behalf of child(ren) under 18 ________________

Date: __________________________