

**East Ohio Conference of The United Methodist Church  
Photo & Video Release Form**

I hereby grant to the East Ohio Conference of The United Methodist Church, its local churches, representatives, employees and volunteers, the right to record my name, likeness and voice as part of church related video, audio or photographic productions.

I further give consent for my name, likeness and voice to be included in print, electronic and/or web-based productions to promote the ministries of The United Methodist Church.

I have read and understand the above.

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I am 18+ years of age

I am less than 18 years of age

Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

This form will be valid for one year from the date listed above unless another form is completed and submitted to the church office.