

Sunday School Registration (2018/19)

Emergency Contact Information:

Name Email Address Cell Phone (please include area code)

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Relation to Child

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Pick-Up arrangements: Please list all adults that we may release your child to. (First/Last Name)

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Photo Release

I am aware that photographs or video may be taken of United Methodist Church of Vista (UMC Vista) Children's Ministry participants during events, activities, and classes by UMC Vista volunteers and staff members, professional volunteers, news media or volunteers. I also understand that my child is not required to have his/her picture taken.

I waive the right to see or approve of publications that contain photographs of my child.

I release UMC Vista and its representatives from responsibility for any harm or invasion of privacy that may occur or be produced by taking photographs or video of my child.

I give UMC Vista and its representatives permission to use photographs or video that include my child in any and all media products for promotion, art, advertisements and editorial purposes. This may include but is not to newsletters both print and email, posters, brochures, ads, post cards, and web pages.

I certify that I have read the above authorization, release, and agreement, and fully understand what this document says.

- Yes, I agree to the above stated photo release.
- No, I do not agree to above stated photo release.

Parent/Guardian and signature

Date

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