

# Parent Release Form for Media Recording

Arlington United Methodist Church  
1400 University Blvd N, Jacksonville, FL 32211 (904) 743-1400

I, the undersigned, do hereby grant or deny permission to Arlington United Methodist Church to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Arlington United Methodist Church website without my child's first and last named attached to the image.

- ☐ Deny permission to use my child's image at all.
- ☐ Grant permission to use my child's image in the following ways (mark all that apply):
  - ☐ Limited usage: I want my child's image used within the Arlington United Methodist Church setting only (not in the larger community).
  - ☐ Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within Arlington United Methodist Church or in the larger community. One example of this could be videos in parent education classes.
  - ☐ Limited usage: I want my child's image used on printed materials only (no digital or video use).
  - ☐ Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Arlington United Methodist Church for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*If you have questions, contact Kevin Wilson at (407) 409-1956.*