



Media Release

I authorize Peace Community of Faith, its staff and agents to record my appearance and/or voice as a participant in programs and activities of the congregation, by photograph, video, audio, or other digital means for use in its electronic or print media.

This specifically includes authorization to include your photo and contact information in a pictorial directory on our website, to be accessible only to Peace participants.

Adult Name 1 (print): _____

Signature 1: _____

Date: _____

Adult Name 2 (print): _____

Signature 2: _____

Date: _____

Please answer the following two questions if you have children under the age of 18. If you have children over the age of 18, please have them sign their own copy of this release form.

1-If you further authorize us to apply the above release to any children under the age of 18, please name them here:

2-For church school off-site experiences with your children under the age of 18, do you authorize Peace to obtain parental permission by means of a digital approval form on a event by event basis?

Please circle one: Yes No

Please return this signed form to:
Peace Community of Faith
5050 Hodgson Road
Shoreview, MN 55126

Thank you!