

**CONSENT TO PHOTOGRAPH AND DISCLOSE PHOTOGRAPH  
2020/2021**

I \_\_\_\_\_ (parent's name-*please print*), authorize the Milford Mill Church CDC to photograph my child and or children, with the understanding that the images may be used: (*Please check one*)

- On the Milford Mill United Methodist Church/CDC website or in printed material produced by the CDC.
- On printed material produced by the CDC (such as the center page).
- Only in the classroom and crafts that are sent home.
- I do not want any pictures taken of my child and or children.

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Child's Name (*please print*)                      D/O/B                      Address

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Child's Name (*please print*)                      D/O/B                      Address

This authorization expires thirty (30) days after the program year-end-date of August 15, 2019. I understand that I can revoke this authorization in writing at any time. I understand the revocation will not become effective to the extent that action has already been taken in reliance on this consent.

I understand that there are no repercussions associated with my refusal to consent to this authorization.

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Parent's Name (*please print*)

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Signature                      Date

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Witness Signature                      Date