

# PHOTOGRAPH CONSENT FORM

I **do** give my permission for my child, \_\_\_\_\_, to be photographed with the understanding that these photographs will only be used during the final program of VBS at Harvest Presbyterian Church on Friday evening, 7/13/18.

I **do not** give my permission for my child, \_\_\_\_\_, to be photographed with the understanding that these photographs will only be used during the final program of VBS at Harvest Presbyterian Church on Friday evening, 7/13/18.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

We request that you **not post photos of any child but your own** on any form of social media for the security of all the children.

Thank you.