

## Photo, Video, and Audio Consent & Release Form

I, (print name)	, grant
The Valley Fellowship permission to photo child's) image, voice, and/or likeness duri	
child s) illiage, voice, and/of likeliess duff	ng program activities.
I understand these materials may be used	
<ul><li>Promotional and educational cor</li><li>Fundraising campaigns and prin</li></ul>	itent (social media, website, newsletters)
✓ Media outreach and news articles	
I acknowledge that The Valley Fellowship	owns these materials and may use them for
nonprofit purposes without compensatior	l.
Revoking Consent	
I may revoke this consent at any time by s	ubmitting a written request to
webmaster@thevalleyfellowship.org. Thi the removal of previously published mater	s applies to future use and does not require rials.
Consent Selection (Check One)	
☐ <b>YES, I consent</b> to The Valley Fellowship	using photos, videos, and audio of me (or
my child).	
□ <b>NO, I do not consent</b> to any media capto	uring me (or my child).
Signature:	Date:
Parent/Guardian (if under 18):	