

RELEASE

The undersigned parents of _____, a minor, hereby consent to having said minor participant in group sessions which will be filmed or photographed by Davis Memorial African Methodist Episcopal Church in Gary, Indiana. We hereby consent to having said recordings and photographs be shown to those interested groups that said Davis Memorial African Methodist Episcopal Church approves. Furthermore, we understand and agree that Davis Memorial African Methodist Episcopal Church will delete from said media or photographs prior to being shown any reference by any child to his own actions or to the actions of any other child which would involve a violation of any criminal law unless all interested parties expressly agree in writing to the contrary. We hereby release and forever discharge said Davis Memorial African Methodist Episcopal Church and its successors, and all the members, officers, agents, representatives and employees of said Davis Memorial African Methodist Episcopal Church from all claims and demands whatsoever which we, or said minor, or heirs, executors, administrators and personal representatives have or may have in the future against said members, officers, agents, representatives and employees, by reason of said Davis Memorial African Methodist Episcopal Church filming and photographing said group sessions or by reason of showing recordings or photographs to various groups both within and without said Davis Memorial African Methodist Episcopal Church.

Dated this _____ day of _____, 20 ____

Signature _____
Parent or Legal Guardian

Witness:

Volunteer/Leader

Description: Davis Memorial African Methodist Episcopal Church Saturday Enrichment Program