



## Hope Church Photo & Video Opt Out Section

I do NOT give permission for my child's \_\_\_\_\_  
(Please print your child's name)

photo/video to be used on brochures, outreach material/CDs/DVDs, websites or social media.

My child is currently enrolled in Hope Church's Event: \_\_\_\_\_  
(Examples: Preschool/Kids' Sunday/VBS)

Parent/Guardian Email/Phone Number: \_\_\_\_\_

Parent/Guardian Name (Please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please email this completed form to [kids@sharethehope.org](mailto:kids@sharethehope.org). This form will only be accepted electronically and must be received prior to the event. You will receive a confirmation email.

This form is only valid for one calendar year no matter when it is signed and must be re-submitted each year.