



Hope Church Photo & Video Opt Out Form

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. 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.