

**Follen Community Church  
Photo, Audio and Video Exception Form**

I, the undersigned, hereby decline to release the image or voice of myself - or any minor children in my care listed below - for use by Follen Community Church for publication in any form. I include with this application (attached or transmitted) one or more current images of each person to be excluded from publication.

*NOTE: If this document is for any person under the age of 18, the parent or guardian shall sign, indicating the authorization of the named. After the named minor has reached the age of 18, a new form must be submitted with that person's signature.*

Print Name: \_\_\_\_\_

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

Child(ren)'s Name(s):

\_\_\_\_\_  
\_\_\_\_\_

**Follen Community Church Staff:**

Print Name: \_\_\_\_\_ Date received: \_\_\_\_\_

***Revocation:***

I, the undersigned, hereby agree to release the image or voice of myself - or any minor children in my care listed above - for use by Follen Community Church for publication in any form.

Print Name: \_\_\_\_\_

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

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