

## Laurel Heights United Methodist Church

227 West Woodlawn Avenue -- San Antonio, Texas 78212 -- 210.733.7156

--- Authorization to Obtain/Utilize Images ---

### ADULT

General Use       Specific Project \_\_\_\_\_

I, (*print full name*) \_\_\_\_\_, being eighteen (18) years of age or over, hereby grant permission to Laurel Heights United Methodist Church (referred to herein as LHUMC) and its staff and affiliates, to interview, photograph, and/or videotape me; and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

**Please check all that apply:**

- LHUMC newsletters and bulletins
- LHUMC electronics publishing (e.g., World Wide Web)
- LHUMC promotion/advertising
- Local/Regional/National news media (with permission of LHUMC)

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

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

**Name and mailing address (*please print*)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### MINOR CHILD

General Use       Specific Project \_\_\_\_\_

I, (*print full name*) \_\_\_\_\_, hereby grant permission to Laurel Heights United Methodist Church (referred to herein as LHUMC) and its staff and affiliates, to interview, photograph, and/or videotape my minor child, \_\_\_\_\_, and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

**Please check all that apply:**

- LHUMC newsletters and bulletins
- LHUMC electronics publishing (e.g., World Wide Web)
- LHUMC promotion/advertising
- Local/Regional/National news media (with permission of LHUMC)

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_