

**Solomon's Evangelical Lutheran Church**  
**4856 Wayne Road**  
**Chambersburg PA 17202**

I, being the parent/guardian of

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

hereby consent that the photographs or videos taken of him/her while he/she is enrolled in Vacation Bible School at Solomon's Evangelical Lutheran Church as a student may be used by Solomon's Evangelical Lutheran Church.

These pictures may be used in slideshows, on the Church website ([solomonslutheran.org](http://solomonslutheran.org)) and Facebook page, etc. When any pictures of student/child do appear on the web site there will not be any personal identification (i.e., student, child's names).

Furthermore, I consent that such photographs and or videos shall be the property of Solomon's Evangelical Lutheran Church which has the right to duplicate, reproduce, and make other uses as Solomon's Evangelical Lutheran Church deems necessary.

- ☐ I give my permission to use my Son/daughter's photograph, etc. AS DESCRIBED ABOVE.
- ☐ I give my permission for my child's picture to be used in SLIDESHOWS ONLY.
- ☐ I DO NOT give my permission to have photographs of my son/daughter used by Solomon's Evangelical Lutheran Church in ANY WAY, as specified above.

Name of Student/Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Name of Student/Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

This form will be kept on record and can be updated or changed at any time. Thank you.