

**Permission to Take and Use Photo for  
Good Samaritan Episcopal Church Website & Other Publicity**

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

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Names of Children: \_\_\_\_\_

Do you consent your child's/children's photo to be used?

Yes

No

Are you a member of Good Samaritan Episcopal Church?

Yes

No

I consent to my picture being used for (check which are ok):

the website

any print promotion

any online promotion

By signing this form you are giving Good Samaritan Episcopal Church permission to take pictures of you and your family for any and all church promotions and publicity, except where indicated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date