

FOURSQUARE CHURCH: Transportation and Photo Release Form

Information in this document is protected by HIPAA privacy laws and should be handled accordingly.

Today's Date (Month, Day, Year): _____

Church Name: _____

NOTE: This form is effective until revoked in writing by Parent/Legal Guardian.

Child's Name: _____ Birthdate _____ Gender: Male Female

Parent/Legal Guardian Name: _____ Email: _____

Home Address: _____ Cell Phone: _____

If not available in an emergency, notify: _____ Cell Phone: _____

Permission to Transport

_____ (Initial) As the parent/guardian of the child named above, I give consent to the leadership of this Church to transport my child during LOCAL events through walking, vans, cars, buses or other forms of transportation available to the activity. I understand that the activity will be following all International Church of the Foursquare Gospel (ICFG) transportation and youth protection policies during transportation of my child during the activity.

Photo Release

_____ (Initial). I hereby grant permission to this Church the right to use, reproduce, and/or distribute photographs, films, video tapes, and sound recordings of my child without compensation or approval rights, for use in materials created for purposes of promoting the activities of above stated ministry/church.

Printed Name: _____ Signature: _____