

Minor Image Release Form

PARTICIPANT INFORMATION

Event name: _____ Event date: _____

Participant's name: _____ Email: _____

Age: _____ Church: _____

I give the Episcopal Diocese of California and _____ permission to take photographs, video, and/or record the voice of _____, a minor, and to use those images and recordings in Episcopal Church print and online publications only and following diocesan policies regarding social media.

Date: _____ Relationship: _____

Signature: _____

The Episcopal Diocese of California | diocal.org/safechurch



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