

Parental/Guardian Imaging Consent Form

Participants Name _____

Parent/Guardian Name _____

Home Phone _____

Address _____

Birth Date _____

We (I) give permission for my under 18 year old child to have their image used during a live streamed event here at St. John Neumann Church. Additionally we (I) give permission for any gathered images to be used in videotape or as still images, for future promotional efforts, including St. John Neumann and the Diocese of Rockford website, newsletter, *The Observer* or other flyers posters and/or videos.

Parental/ Guardian signature _____