



GRACE-ST. LUKE'S  
EPISCOPAL CHURCH

Media Opt-Out Form

I do **not** authorize Grace-St. Luke's Episcopal Church to use recordings or photographs of myself in whole or part for advertising, media, video, audio, or marketing purposes. I hereby confirm that I am of legal age (over 18) and that I have every right to contract in my own name or of the minor(s) listed below. **I have provided a picture of myself to be used as reference** to assure my dis-inclusion in any images used by Grace-St. Luke's Church. I will notify photographers in my vicinity that I do not wish to be photographed. In signing this form, I understand that Grace-St. Luke's Church will make reasonable efforts to avoid access to, or remove, my image or voice for all purposes identified herein.

**Adult (Over 18)**

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

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

Email: \_\_\_\_\_

I affirm I have read the above "Opt-Out Form," and am familiar with its contents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Children (Under 18)**

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

I hereby confirm that I am the Parent or Guardian of the minor(s) listed above and that I have every right to contract in the name of the minor(s) listed above. I further affirm I have read the above "Media Opt-Out Form," and am familiar with its contents.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form PLUS a reference photo to the church office.**

Photo Received By: _____	Date: _____
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