AUTHORIZATION/ PERMISSIONS FORM ROAR! VBS-2019

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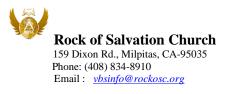
I authorize ROSC to release my child/children to the following: (Local Contacts Only)		
Name:		
Address:		
	Cell:	
Relationship:		
Name:		
Address:		
Home Phone:	Cell:	
Relationship:		
Name:		
Address:		
Home Phone:	Cell:	
Relationship:		

Photo Release:

I hereby give Rock of Salvation Church the right and permission, with respect to photographs and video taken of my child, or in which my child may be included with others, to use, re-use, publish and re-publish the same in whole or in part, severally or in conjunction with other photographs, in any medium and for any purpose whatsoever including illustration, and promotion (excluding anything illegal or immoral).

Parent/Guardian's Signature:	
Date:	

Parent/Guardian's Signature:_	
Date:	



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