

AUTHORIZATION/ PERMISSIONS FORM
BREAKER ROCK BEACH-VBS-2024

I authorize ROSC to release my child/children to the following: (Local Contacts Only)

Name: _____

Address: _____

Home Phone: _____ 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: _____



Rock of Salvation Church

159 Dixon Rd., Milpitas, CA-95035

Phone: (408) 834-8910

Email : vbsinfo@rockosc.org

www.rockosc.org