

Photo Release Form

I hereby consent to release my photo and name for publication on social media and/or the Foothills Congregational Church website for purposes of promoting Foothills Congregational Church. I understand that this action is voluntary and that I will not be compensated. This consent remains in effect indefinitely unless I revoke this authorization in writing to Foothills Congregational Church.

Name _____

Address _____

Email _____ Phone Number _____

I would like to receive news from Foothills.

Signature _____ Date _____

If individual is under the age of 18, parent/guardian approval is required:

Approver's name _____

Relationship to child _____

Date child will turn 18 _____

Approver's Signature _____ Date _____

Submit this form electronically to info@foothills-church.org or via hard copy to the church office.