

Unity of Medina's Photographic Contract Parental Consent Form

Date: _____

Location: _____

I hereby consent to and authorize the use and reproduction by Unity of Medina, or anyone authorized by Unity of Medina, of any and all photographs that have been taken of me and/or my child(ren) this day for any purpose, without compensation to me. These photographs may be used in print or electronic publications.
I hereby acknowledge that I have read and understood the terms of this release.

Parent Signature	Child's name (print)
Parent Signature	Child's name (print)
Parent Signature	Child's name (print)
Parent Signature	Child's name (print)
Parent Signature	Child's name (print)
Parent Signature	Child's name (print)
Parent Signature	Child's name (print)
Parent Signature	Child's name (print)
Parent Signature	Child's name (print)

Minister: _____
Barbara Hribar 330-764-7999

Unity of Medina at Williams-On-The-Lake
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