

To our members and friends:

We would like to request your permission to use your name and/or photo(s) to help promote our Unitarian Universalist activities and values in the community via communication channels including. But not limited to, our website (www.riverofgrassuu.org). River of Grass recognizes that you may have privacy concerns and would certainly like the opportunity to honor those requests. Please indicate your preferences below, next to the section that applies to you, and then sign and return the document to our office for filing.

Photo Release Form

Permissions:			Please Initial One:
	name and pho including the R	rass Unitarian Universalist Congregation has my permission to use my tograph, or my child's name and photograph, in publicity media, liver of Grass web site (www.riverofgrassuu.org). I attest that I am of ant this permission (18 years or older).	
	name only (no	rass Unitarian Universalist Congregation has my permission to use my photographs) in their publicity media. I attest that I am of legal age to nission (18 years or older)	
	Yes, River of Grass Unitarian Universalist Congregation has my permission to use only my first name and photograph in their publicity media. I attest that I am of legal age to grant this permission (18 years or older)		
	Yes, River of Grass Unitarian Universalist Congregation has my permission to use my full name and photograph, but not my child's in their publicity media. I attest that I am of legal age to grant this permission (18 years or older)		
	No, River of Grass Unitarian Universalist Congregation does not have my permission to use my name and photograph, or that of my child's at this time. I understand that I can change by completing this form again.		
•	ease check one) rrent Member	☐ Friend / Visitor of River of Grass ☐ Pa	rent of Youth Participant
Liability of my p	Release: I fully articipation in, o	release River of Grass Unitarian Universalist Congregation from any and or that of my child's participation in River of Grass Congregation publicities granted above.	d all liability as a result
Name:			
Phone:			
Street Address:			
City/State:			
Zip:			
Email:			
Signature:		х	
Date:			