

**Parent/Guardian Release Form  
for Media at LWUMC Events**

I, the undersigned, do hereby consent and agree that Lake Washington United Methodist Church, its employees, or agents have the right to take photographs, record video, or record audio of me or my children exclusively for the purpose of ministry within or promotion of Lake Washington United Methodist Church or the Choristers Guild (at Stephanie McIlwain Miller's discretion). Full names will be withheld.

I understand that there will be no financial or other remuneration for recording us, either for initial or subsequent transmission or playback.

Please call or email ([stephanie@lwumc.com](mailto:stephanie@lwumc.com)) Stephanie with any questions.

I represent that I have read and understood the foregoing statement, and am competent to execute this agreement. I further represent that I am legally authorized to grant or to withhold consent for the minor children listed below.

This agreement is good until I rescind it.

Name: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_