

PHOTOGRAPH CONSENT FORM

I **do** give my permission for my child, _____,
to be photographed with the understanding that these photographs will only be
used during the final program of VBS at Harvest Presbyterian Church on Friday
evening, 7/21/17.

I **do not** give my permission for my child, _____,
to be photographed with the understanding that these photographs will only be
used during the final program of VBS at Harvest Presbyterian Church on Friday
evening, 7/21/17.

**We request that you not post photos of any child but your own on any form of
social media for the security of all the children. Thank you.**

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____