

**Moravian Church in America  
PHOTO/VIDEO RELEASE FORM**

I hereby give permission for images and audio of me/my child, captured during the Moravian Day of Service, through video, still camera and audio recording equipment, to be used by **The Moravian Church In America** for promotional and educational material and publications, and waive any rights of review, compensation or ownership thereto.

By signing this release I understand this permission signifies that photographic or video recordings of me/my child may be electronically displayed via the Internet, in a public educational settings, in presentations, in print and other media.

**Name of Participant (please print):** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**If participant is under age 18, please complete the following:**

**Age** \_\_\_\_\_

**Name of Parent/Guardian (please print):** \_\_\_\_\_

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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