



Crossroads Fellowship Christian Reformed Church Photo and Media Consent Form

Child's Name: _____

I grant permission to Crossroads Fellowship Christian Reformed Church to use my child's phone number and email address for the sole purpose of communicating reminders of upcoming events.

I grant permission to Crossroads Fellowship Christian Reformed Church to use photos, videos, or other media of my child in the following ways: Crossroads Fellowship Christian Reformed Church website, Facebook page, PowerPoint presentations, and bulletin boards. Personal information that would allow someone to identify your children will not be used.

I do not grant permission for my child's phone number and email address to be used for communication purposes by Crossroads Fellowship Christian Reformed Church.

I do not grant permission for my child's photo, video or other media of my child to be used on any social media sites or presentations by Crossroads Fellowship Christian Reformed Church.

Parent/Guardian Signature _____ Date: _____