



West Ohio Conference

Volunteers in Mission: Media Release



When completed, please return to Team Leader

A copy of this form should be sent to the West Ohio Conference office.

We respect and want to protect the privacy of those who serve on West Ohio mission teams. At some point during your participation with a West Ohio Volunteers in Mission team, your team leaders or other team members might ask to photograph, videotape, film and/or interview you. To this end, the purpose of this document is to ask your permission in advance to capture your voice and image and possibly publish them in a United Methodist medium. Accordingly, if you are willing to give us such permission, please read carefully and then execute this Consent to Use Voice and Image. If you are a participant age 18 or older, please sign the line over the designation "Signature of Adult Participant." If you are a participant under age 18, one of your parents or your legal guardian must give us permission on your behalf by signing the line over the designation "Signature of Parent or Guardian."

By signing below, I acknowledge and agree to the following:

1. I give my permission to the West Ohio Conference of The United Methodist Church, including its owners, trustees, officers, employees, agents and volunteers, to photograph, videotape, film and/or interview me during my participation with a West Ohio Volunteers in Mission team.
2. I, at any time, may decline to be photographed, videotaped, filmed and/or interviewed.
3. I give my permission to the West Ohio Conference of The United Methodist Church, including its owners, trustees, officers, employees, agents and volunteers, to publish any such photographs, video, film and/or interviews for the purpose of promoting or reporting on Volunteers in Mission experiences. Further, I understand that publication may include, without limitation, use of any such photographs, video, film and/or interviews on United Methodist websites, social media sites, brochures and/or videos.

Yes, I give permission for myself or my child/youth to be photographed.

No, I do not give permission for myself or my child/youth to be photographed.

Printed Name of Participant

Signature of Adult Participant

Date

Printed Name of Parent or Guardian

*Signature of Parent or Guardian
(If participant is under age 18)*

Date