We are sending you this parental consent form to both inform you and to request permission for your child’s video/photo/image and personally identifiable information to be published on the congregation’s/ministry newsletter, Abundant Life/Fuel/Ignite/Impact Facebook page, website, or other social media outlets and publications.

 As you are aware, there are potential dangers associated with the posting on a web site since global access to the Internet does not allow us to control who may access such information. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, video, photo or image.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in the future in writing by sending a letter to the Church Administrator/Staff person of Abundant Life Church 6461 Proctor Rd. Sarasota, Fl. 34241 and such rescission will take effect upon receipt by the Church Administrator/Staff person.

Check one of the following choices:

\_\_\_\_\_ I/We GRANT permission for a video/photo/image that includes this child without any other personal identifiers to be published on the congregation’s/ministry newsletter, Abundant Life/Fuel/Ignite/Impact Facebook page, website, or other social media outlets and publications.

\_\_\_\_\_ I/We DO NOT GRANT permission for video/photos/images that include this student to be published on the congregation’s/ministry newsletter, Abundant Life/Fuel/Ignite/Impact Facebook page, website, or other social media outlets and publications.

Print name of Youth/Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relationship to Youth/Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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