



NASHVILLE UNITED METHODIST CHURCH
P.O. Box 518
36 South Jefferson Street
Nashville, IN 47448
(812) 988-4666

I give permission for my child, _____, to be photographed during church activities for publication in print and on the church website(s). I understand that my child's name will not be used to identify my child. This permission form will be kept on file in the church office. If I would like to withdraw my permission, I may do so at any time.

Parent/Guardian _____ (printed)

Parent/Guardian _____ (signature)

Date _____



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