

**PARENT ACKNOWLEDGMENT/PERMISSION FORM
MIDWAY BAPTIST CHURCH
CHILDREN'S MINISTRY**

121 South Winter St
PO Box 352
Midway, KY 40347

Permission To Use/Provide Your Child's Name/Photo
(Please read carefully and initial to the left of the item)

_____ I do **give** Midway Baptist Church permission to use my child's name and/or picture (in videos, newsletters, church publications, media publications, the newspaper, or on the internet/website) in relation to Sunday and Wednesday services/classes, church activities, church programs, events, awards, other special programs, etc. I also release from any liability Midway Baptist Church, its employees and/or volunteers in relation to the taking and/or displaying of any photographs.

_____ I **do not give** Midway Baptist Church permission to use my child's name and/or picture (in videos, newsletters, church publications, media publications, the newspaper, or on the internet/website) in relation to Sunday and Wednesday services/classes, church activities, church programs, events, awards, other special programs, etc.

Name(s) of Child(ren): _____

Parent/Guardian Signature _____ Date _____