



**First United Methodist Church**

217 South Church Street

Salisbury, NC 28144

704-433-6679

[summercamp@fumcsalisbury.org](mailto:summercamp@fumcsalisbury.org)

## Photo/Video Release Form

I *give* permission for my child \_\_\_\_\_

to have photos/videos taken at First United Methodist Church of Salisbury for special occasions and projects.

I *DO NOT give* permission for my child \_\_\_\_\_

to have photos/videos taken at First United Methodist Church of Salisbury for special occasions and projects.

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Parent/Guardian Signature

Date