



**STUMPTOWN MENNONITE CHURCH
MEDIA CONSENT FORM**

Student's Name _____ Male ___ Female ___ Date of Birth ___/___/___

Address _____

City _____ State ___ Zip _____ Phone _____

- I understand that by participating in Stumptown-related events/activities, my youth may be included in photographs which could appear in church publications or on the church website.
- I do not give consent for photographs of my youth to be used in church publications/website.

Parent/Guardian Signature _____ Date _____