



MEDIA WAIVER

I, _____ give my permission on behalf of myself and my children under the age(s) of 18 as listed below to RockPointe Church to be photographed and/or videoed and I approve the use of such photographs and/or videos in all forms of media, for any and all promotional purposes including advertising, display, audiovisual, or editorial use.

Signature: _____

Date: _____

Printed names of children under 18 included as part of this waiver:

Full Name

Full Name

Full Name

Full Name

Full Name

Full Name

Full Name