

**PHOTOGRAPH/VIDEO RELEASE FORM**  
**ACCMBC CHILDREN PROGRAMS**

I \_\_\_\_\_, hereby consent

To have my child being photographed, and/or videotaped at any ACCMBC Sponsored Christian Ministry Program during the 2010/2011 year.

I understand that such photos would only be used for the ACCMBC displays, newsletters and other prayer/mission news.

Name of Child \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_