



Opt-Out Form

I do **not** authorize Trinity Episcopal Church of The Woodlands, TX to use recordings or photographs of myself in whole or part for advertising, media, video, audio, or other marketing purposes. I hereby confirm that I am of legal age (over 18) and have every right to contract in my own name. **I have provided a picture of myself to be used as reference** to assure my dis-inclusion in any images used by Lord of Life. I will notify photographers in my vicinity that I do not wish to be photographed. In signing this form, I understand that Trinity Church will make reasonable efforts to avoid access to, or remove, my image or voice for all purposes identified herein.

Adult (Over 18)

Date: _____ Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____
Email: _____

Child (Under 18)

Date: _____ Child's name: _____
Parent's Name: _____ Phone: _____
Email: _____

I hereby confirm that I am the Parent or Guardian I further affirm I have read the above "Opt-Out Form," and am familiar with its contents.

Signature: _____

Return this form including a reference photo to the **church office, 3901 S. Panther Creek Dr., The Woodlands, TX 77381.**

Office Use

Photo Received By: _____

Date: _____