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Persons attending an SAPC event who do not wish to have their images recorded for distribution should make their wishes known to the photographer, and/or the event organizer, and the Communications Specialist in writing. Please include a photograph with this request. SAPC will use the photo for identification purposes and will hold it in confidence.

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Thank you for your understanding and cooperation!

***If you do not wish to have your photo or video used in media as defined above, please fill out the information below and either email a digital copy to media@southaiken.org, or drop off the physical form at the church main office. Be sure to include a photograph of the individual in question with your request.***

Please initial the accurate statement.

\_\_\_\_\_ I do not wish for my image to be used in media produced for SAPC.

\_\_\_\_\_ I do not wish for my minor child’s image to be used in media produced for SAPC.

**Full name of the individual   
you do not want included in media:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_