

# Hebrew Tabernacle Hebrew School 2017-2018 Photo/Video Consent Form

**You give the Hebrew Tabernacle Congregation permission to use a photograph and/or to take photographs and/or videos of the child named on the form for use in print or electronic media for the promotion of programs connected with the Hebrew Tabernacle Congregation and the Hebrew School.**

Child's Name: \_\_\_\_\_

Parent's Name \_\_\_\_\_

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

Witnesses: (I am over the age of 18 and witnessed the above, sign in agreement)

Witness (*print name*): \_\_\_\_\_

Witness #1 (*sign*): \_\_\_\_\_ Date: \_\_\_\_\_

Received by Hebrew School Representative (*print name*): \_\_\_\_\_

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