



Cardboard City Participant Permission & Release Form

Photography Release: I understand that there will be media on site during this event and I give my permission for my minor child to be filmed and/or photographed _____ (Signature).

Please note – if you do not want your child(ren) to be photographed we cannot guarantee that you will not appear on film if you do choose to remain at the event. Please talk to us regarding any concerns you have regarding filming and or photography.

Parent/Legal Guardian Name: _____

Participant(s) Name: _____

Home Address: _____

Email Address: _____

Telephone Number: _____

Please Check all that Apply:

- I would like Family Promise newsletters emailed to me
- I would like information on how to donate to FPMC
- I would like to volunteer at FPMC
- I would like to volunteer my professional assistance as a board member of FPMC
- I would like for my child to participate in a Social Justice Youth Project with FPMC

Parent/Legal Guardian Name	Signature	Date
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