



**First Baptist Church of Lewisville  
Multi-Media Permission Form**

Organization: First Baptist Church of Lewisville, Texas  
Address: 1251 West Valley Ridge  
Lewisville, Texas 75077  
Telephone Number: (972) 436-5502

We ask your permission to take you/your child's photograph, tape record your/their voice, and video you/your child while you or they are participating in the activities/ministries of the church. Photographs (digital and film) and video will be taken throughout the year at various church activities. These pictures are taken on and off the church campus. We also ask for your permission to use those methods of recording you/your child's image and voice to promote future ministry activities and provide a record of the varies activities of the church. These methods of recording may be used on the FBC Lewisville Web Site, power point presentations, brochures, newsletters, publicity forms, and within photo albums.

Please complete the form below to enable us to continue to grow in our influence you and your families' lives.

By signing below, you give permission for agents of First Baptist Church, Lewisville to take photographs and video of the person named below and use them for promotion of events via First Baptist Church of Lewisville owned websites, publication sources such as newspapers, or printing businesses. Those pictures will be solely owned by First Baptist Church of Lewisville.

**I hereby give my permission for First Baptist Church of Lewisville and news media** to photograph, tape record or video me or my child and to use this photograph, voice or video recording in publication, slides, video tape, motion pictures, newsletters, newspapers, and church owned web sites.

**I understand** the resulting photographs, stills, slides, video, motion pictures, and audio tapes **may be published** for the purpose of instruction or information for leaders, students, parents or the general public of church ministries or events.

Please Print

Adult/Guardian Name \_\_\_\_\_  
Child's Name \_\_\_\_\_  
Birthday (if a minor) \_\_\_\_\_  
Adult/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_