FLORIDA CROWN EMMAUS

P.O. Box 351588

JACKSONVILLE, FL. 32235

WEEKEND GROUP PHOTOGRAPH

I, _____ give my permission to be photographed by a representative of the Florida Crown Emmaus. I impose no restrictions regarding the use of this photograph unless restrictions are listed below and initialed by myself. I understand the team/participant/guest photograph will be distributed to those who have participated on this weekend and may be used only by Florida Crown Emmaus. Understand the above, I hereby authorize unrestricted use thereof by Florida Crown Emmaus and any of its representatives from any and all claims connected in any way with the taking of use of this weekend group photograph.

_____ _____

Signature Date

If you wish to make restrictions on the use of your photograph, please list them below and initial each one.

_____ _____

_____ _____

Address Release:

☐ I hereby give my permission to Florida Crown Emmaus to release my name and address to The Upper Room and Florida Crown Emmaus for use of the Ministry Manager database and Florida Crown Emmaus newsletter mailing list.

☐ I do not give my permission for Florida Crown Emmaus to release my name and address to the Upper Room and Florida Crown Emmaus for use in the Ministry Manager database and Florida Crown Emmaus newsletter mailing list.

_____ _____

Signature Date