

**Maine Seacoast Mission Housing Rehabilitation Program
Permission Form**

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Participating with (name of church or group): _____ City: _____ State: _____
Avon Lake United Church of Christ, Avon Lake, OH

Group Leader(s)'s Name(s):
Nate Taylor

Yes, I would like to receive updates from the Maine Seacoast Mission by mail

Yes, I would like to receive updates from the Maine Seacoast Mission by email

Permission for minors to Participate and Volunteer:

I, _____ (printed name of participant, parent or legal guardian), give

_____ (printed name of participant) permission to volunteer with the Maine Seacoast Mission.

In case of emergency, the Volunteer Group Leader should contact

Name: _____ Phone: _____.

Photo and Media Release

I do ___ / do not ___ grant permission to the Maine Seacoast Mission (hereinafter referred to as "Mission") and its agents and employees to use photographs or videos taken of me for use on the Mission's web site, social media, and publications, including annual reports, newsletters, brochures, and such other publications that describe the Mission's charitable work and encourage people to support the work with donations. In addition, I agree to allow the Mission to use my photograph in press releases and news stories related to its work and to provide it to reputable newspapers and magazines that are preparing stories on the work of the Mission.

I hereby waive any right to inspect or approve the finished photographs.

I am 18 years of age or older and I am competent to execute this release in my own name. I have read the release before signing below, and I fully understand the contents, meaning, and impact of this release.

Name (please print): _____

Signature: _____ Date: _____

Signature of parent or guardian, if under 18 years of age: _____

Name of parent or guardian: _____ Relationship: _____