Manna from Seven

Photo / Video Release Form

I grant permission to Manna from Seven, its representatives, volunteers, and partners to photograph, videotape, and/or record my image, voice, likeness, and statements during events, volunteer activities, distributions, programs, or related activities. These materials may be used for nonprofit purposes including website, social media, print, fundraising, and community outreach. No compensation is provided.

Full Name: _____	Date: _____
Address: _____	
City/State/Zip: _____	
Phone: _____	Email: _____

Permission Options:

■ I grant full permission for photo/video use.

■ I grant permission for group photos only.

■ I grant permission but request no name be used.

■ I do not grant permission.

Minor Child Release (if under 18):

Child Name: _____ Parent/Guardian: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness/Representative: _____ Date: _____