

Southport Presbyterian Church
1427 Southview Dr. Indianapolis, IN.
(317-788-5925)

Web Release Form

Name: _____ Birthdate: ____/____/____

Address: _____

Phone: _____

City: _____ State: _____ Zip Code: _____

I hereby give Southport Presbyterian Church of Indianapolis, Indiana and/or representatives of Southport Presbyterian Church of Indianapolis, Indiana the permission to place the following information on the Southport Presbyterian Church's Web Site:

I agree to permit our/my e-mail address to be posted on Southport Presbyterian's website as related to a SPC event or activity. _____ YES _____ NO

I agree to permit our/my minor child's likeness to be used on Southport Presbyterian's website, as related to SPC event or activity. _____ YES _____ NO

I absolve Southport Presbyterian Church of Indianapolis, Indiana and its representatives from liability in acting on my behalf in this regards.

Parent/Adult Signature: _____ Date: ____/____/____

Child's Name: _____

Relationship: _____