



PHOTOGRAPH CONSENT

I hereby give/do not give (CIRCLE YOUR CHOICE) permission to Beth Tikvah Synagogue and its representatives to photograph me [insert first and last name of Adult 1: _____] and the following members of my family [insert first and last names of children under age 18: _____].

I hereby give/do not give (CIRCLE YOUR CHOICE) permission to Beth Tikvah Synagogue and its representatives to photograph me [insert first and last name of Adult 2: _____].

I/we further give/do not give (CIRCLE YOUR CHOICE) permission to Beth Tikvah Synagogue and its representatives the right to reproduce, use, exhibit, post, and display these photographs, on the website www.bethtikvahtoronto.org and in the newsletters Ma Nishma and Hakol, for the purpose of promoting or publicizing Beth Tikvah Synagogue, including the programs, activities, events, and services provided at Beth Tikvah Synagogue.

I/we further give/do not give (CIRCLE YOUR CHOICE) permission to Beth Tikvah Synagogue and its representatives the right to reproduce, use, exhibit, post, and display these photographs, on social media (for example: Facebook, Instagram).

Photographs are the property of Beth Tikvah Synagogue.

I/we further give/do not give (CIRCLE YOUR CHOICE) permission to Beth Tikvah Synagogue and its representatives to use my name, with these photographs. Beth Tikvah Synagogue will not use the names of my children under age 18, with these photographs.

Date

Member's Signature (Adult 1)

First and Last Name (Print)

Date

Member's Signature (Adult 2)

First and Last Name (Print)