

Junior Bible Quiz Release Form

I consent to the use of videotape, photographs, audiotapes, or any other visual or audio reproduction in which my child may appear to the Arkansas District Council of the Assemblies of God. I release the Arkansas District Council of the Assemblies of God from any liability connected with the use of picture or voice recording as part of any promotion, recruitment, or fundraising program.

Church Coordinator: Please **print** the Quizzers name and the division they will be quizzing in and then have each parent to sign this form. **If the parent does not sign this release we need the attached form signed and returned.**

Church Name	City	
Quizzer Name	Division	Parents Signature
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Church Name _____ City _____

I do not want my child's name to appear anywhere on the Arkansas Junior Bible Quiz website. This includes the statistics for any tournaments in which they compete in.

Child's Name _____

Please Print

Parent's Signature _____