



RELEASE OF INFORMATION FORM

Bethany Christian Services, a not-for-profit, social services agency, believes it important to interpret its services and needs to groups and individuals through promotional, educational, or informational materials. Bethany also believes that the privacy and dignity of individuals and client groups are equally important.

I give permission to Bethany Christian Services to print information about myself or my child(ren) and/or use photograph(s) of myself or my child(ren). I waive the opportunity and right to inspect or approve any such information, photos, and/or videotapes or any use to which it may be put, including Bethany's website.

I release Bethany Christian Services, its board of directors, employees, agents, and those acting under its authority from all claims and liabilities of any kind arising from the use of this information.

The people/children involved are :

Dated this _____ day of _____, 20_____

Signature _____

Address _____

Phone _____

Witness _____

Mail/Fax to:
Web Coordinator
Bethany Christian Services
901 Eastern Avenue NE, PO Box 294
Grand Rapids, MI 49501-0294
Fax 616.574.7888