

## THE LIFE BRIDGE MINISTRIES PRIVACY POLICY-OPT IN / OPT OUT FORM

For full information regarding our privacy policy, please view our privacy policy, located on our website [www.thelifebridge.org](http://www.thelifebridge.org) For a printed version, please send request to us at [info@thelifebridge.org](mailto:info@thelifebridge.org).

Date: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_  
\_\_\_\_\_

### For Newsletter and Email subscribers, and Event Attendees:

Information required to send the newsletter or email updates is shared with the third-party app, as well as personnel responsible for the newsletter and email. Information is also shared with appropriate personnel for purposes of conducting day-to-day business.

Please add my email to the newsletter and email subscribers' lists

Unsubscribe me from your newsletters and email lists

DO Not share my information, except as is needed to conduct business related activities.

### For Workshops, Conferences, Speaking Events and Retreat visitors:

Images, Video and Audio recordings, as well as individual testimonials taken with permission, may be collected during our events, and used for promotional purposes.

Our ability to edit/remove posted material and comments on our social media platforms and other promotional platforms may be limited.

If you do not want your images, videos or audio recordings shared on our social media platforms or other promotional materials, **YOU MUST OPT OUT IN WRITING BEFORE THE EVENT BEGINS AND PROVIDE WRITTEN NOTIFICATION TO THE EVENT COORDINATOR.**

A new form for each event attended is required for compliance purposes.

**Submission Of Forms:**

Please submit completed OPT -IN / OPT OUT FORMS to the event coordinator and our office. We promise to do our best to accommodate your requests, where feasible to do so.

**By Email:** info@thelifebridge.org

**By Address:** Mailing Address: P.O. Box 2121, Folsom, Ca. 95763-2121

**THE LIFE BRIDGE MINISTRIES OPT-IN / OPT-OUT FORM FOR SPECIFIC EVENTS:**

**Workshops, Conferences, Speaking Events and Retreat visitors:**

Information required as part of registration and attendance is shared with the third-party apps used in the registration process, and limited information is shared with personnel responsible for the event coordination and event related activities.

Images, Video and Audio recordings, as well as individual testimonials taken with permission, may be collected during our events, and used for promotional purposes.

Our ability to edit/remove posted material and comments on our social media platforms and other promotional platforms may be limited.

**IF YOU DO NOT WANT YOUR IMAGES, VIDEOS OR AUDIO RECORDINGS SHARED ON OUR SOCIAL MEDIA PLATFORMS OR OTHER PROMOTIONAL MATERIALS, YOU MUST OPT OUT IN WRITING BEFORE THE EVENT BEGINS AND PROVIDE WRITTEN NOTIFICATION TO THE EVENT COORDINATOR.**

**A new form for each event attended is required to assist with OPT OUT Requests.**

**EVENT SPECIFIC OPT-IN / OPT-OUT SELECTIONS:**

**Event Dates \_\_\_\_\_ Event Title:**

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\_\_\_ I give permission to post the following on your social media platforms

\_\_\_ Images of me (taken as part of event at large) on your social media platforms.

\_\_\_ Images of me (close-ups) on your social media platforms

\_\_\_ Audio clips of me on your social media platforms

\_\_\_ Videos of me on your social media platforms

\_\_\_ Testimonials of me on your social media platforms

\_\_\_ No need for me to review/approve final version prior to posting

\_\_\_ Only after I have reviewed and approved of the final version to be posted

\_\_\_ I DO NOT give permission to post the following on your social media platforms:

\_\_\_ Images of me (taken as part of event at large) on your social media platforms.

\_\_\_ Images of me (close-ups) on your social media platforms

\_\_\_ Audio clips of me on your social media platforms

\_\_\_ Videos of me on your social media platforms

\_\_\_ Testimonials of me on your social media platforms

Date: \_\_\_\_\_ Name:

\_\_\_\_\_

Address:

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Phone:

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Email:

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Signature:

\_\_\_\_\_

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**By hitting send, you are agreeing to our privacy policy, terms, and conditions.**

\_\_\_\_\_

Received by Event Coordinator: Name:

\_\_\_\_\_

Date: \_\_\_\_\_ Signature:

\_\_\_\_\_

\_\_\_\_\_