

**Photo Release Form for Children  
(Church name)**

By signing this form, I give (church name) permission to photograph my child and use his or her pictures in the church's digital and print communications. (Church name) will never publish a child's name or any other personal information with any of its publications.

Child Name(s): \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name (*please print*): \_\_\_\_\_

Relationship to child (*e.g. mother, father*): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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