



# MINOR (CHILD) PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ [Child/children]

grant Dr. Martin Luther Church my permission to use the photographs described as event photography taken while participating in services or ministries associated with Dr. Martin Luther Church for any legal use, including but not limited to publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

Additional child's Name: \_\_\_\_\_

Additional child's Name: \_\_\_\_\_

Additional child's Name: \_\_\_\_\_

Additional child's Name: \_\_\_\_\_