



# PHOTO RELEASE FORM

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**CHILD'S FULL NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

I hereby grant CHRISTIAN FELLOWSHIP CENTER & OUTREACH MINISTRIES permission to copyright, use, reuse, publish, and republish photographic portraits, videos or pictures of my child /(ren) whether in whole or in part for Children's Month/Celebration only used by Christian Fellowship Center & Outreach Ministries.

I hereby waive any right to inspect or approve the finished product or products. I hereby warrant that I am the parent or legal guardian of the child(s) mentioned above. I have read the above authorization, release, and agreement and I am fully familiar with the contents thereof.

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

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

Please send signed form to [pastorkeith@cfcpaterson.org](mailto:pastorkeith@cfcpaterson.org)