

PHOTO RELEASE FORM

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