PHOTO RELEASE FORM

By signing this form, I give (insert your church’s name here) Episcopal Church the permission to photograph my child and use his or her picture solely for the church’s website or Facebook page. (insert your church’s name here) will never publish a child’s name with any of its publications.

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

FOTO FORMA DE PRENSA

Al firmar este formulario, doy (insert your church’s name here) de la Iglesia Episcopal el permiso para fotografiar a mi hijo y el uso de su imagen exclusivamente para el sitio web de la iglesia o pagina de "Facebook". (insert your church’s name here) , no se publicará el nombre de un niño con alguna de sus publicaciones.

Nombre del niño :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma del Padre/Madre :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Calendario Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thanks to Ann Fontaine for sharing the photo release form she uses at St. Catherine of Alexandria Episcopal Church in the Episcopal Diocese of Oregon.*