

MINOR (CHILD) PHOTO RELEASE FORM

I, _____, the parent or legal guardian of
_____ grant **St. David's Episcopal Church** my
permission to take my child's photograph or video. I understand that the images or videos may be used in print
publications, online publications, presentations, websites, and/or social media for the church but will never have
the child's name attached.

Notes: _____

Parent/Guardian Signature: _____ **Date:** _____

Phone Number: _____

Email Address: _____