



PHOTO RELEASE AUTHORIZATION FORM

I, _____ being parent/guardian of

Authorize the use of his/her voice, photograph(s) and/or any creative contribution for photographs, video recordings, publications, and/or internet usage by Brookland Baptist Church. I consent that such photographs, recordings, publications, and creative contributions, and the tapes or films from which they are made, shall be the property of the Brookland Baptist Church, and they shall have the right to sell, duplicate, reproduce, and make the other uses of such photographs, recordings, publications and creative contributions as they may desire free and clear of any claim whatsoever on my part.

Name of Minor _____

Street Address _____

City, State, Zip _____

Telephone: Home _____ Work _____

Parent/ Guardian Signature

Date