

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured during regular and special Church activities through video, photo and digital camera, and I acknowledge West Side Presbyterian Church's right to crop or treat the photograph/ video at its discretion. I also acknowledge that the church may choose not to use my sons/daughters photo. video at this time, but may do so at its own discretion at a later date.

Name of Participant (please print): _____

Name of Parent/Guardian (please print): _____

Parent/Guardian's Signature: _____

Date: ____ / ____ /20 ____

