



CHILD PHOTO RELEASE FORM

I certify that I am the parent and/or legal guardian of the minor(s) listed below. In signing this form, I grant Holy Trinity Lutheran Church authorization to use and display photos of the following persons in church-related online and print publications.

Please Print:

Name and birthdate for each child: _____

Parent/Guardian Name: _____

Date

Signature (Parent/Guardian)

Please return to Sally Daggett