

PHOTO / VIDEO RELEASE FORM

Student Name: _____
(a separate form must be completed for each child)

During regularly scheduled evenings and special events, our youth group often uses photographs and videos of our students for a variety of projects and media. Because we are sensitive to the safety and privacy of your family, **at no time will the names of our students accompany their photo or video image without your consent.** Below is a release which allows you to indicate your preferences.

Please indicate below whether the youth group has permission to use photographs, images, or video of your child.

Please check one:

- I **agree** that photographs, images and/or video of my child may be used for any publications, including those prepared for both an internal and external audience.
- NO, I **do not** want my child's photograph, image or video used in any way..

Name _____ Signature _____

Date ___/___/___