

**Alabama West-Florida Conference
Photo Release**

CHILD'S NAME: _____

PARENT(S): _____

ADDRESS: _____

PHONE NO: _____ OR _____

E-MAIL: _____ OR _____

_____ **I DO** give permission for my child's picture to be taken for use in local newspapers, church newsletters, church website, etc.

_____ **I DO NOT** give permission for my child's picture to be taken for use in local newspapers, church newsletters, church website, etc.

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature

_____/_____/_____
Date: