



PHOTO RELEASE FORM

For children attending Vacation Bible School in 2019 at
Hills of Peace Lutheran Church

I hereby give Hills of Peace Lutheran Church permission to take photographs of my child, or photographs in which my child may be involved with others, for the sole purpose of promoting the ministry of Hills of Peace Lutheran Church. I understand that these photos may be posted on Hills of Peace Lutheran church website or Facebook page.

I hereby release and discharge those taking photographs on behalf of Hills of Peace Lutheran Church from any and all claims arising out of use of the photos.

Student's name _____

Birth date _____ Grade going into _____

Allergies or medical concerns _____

Parent's name _____

Address _____

Home phone _____ Cell phone _____

Email Address: _____

Emergency contact name and telephone number

Brothers and sisters (names and ages) _____

I prefer my first name only be used when identifying those in the photo(s).

Both my first and last name may be used when identifying those in the photo(s).

I prefer my name not be used at all when identifying those in the photo(s).

I prefer that photo(s) of me **not** be posted on the Hills of Peace Lutheran Church website or Facebook page.

Signature: _____

Date: _____

Name: (please print) _____

Name of Child: (please print): _____

Address: _____

Phone Number: _____

Email address: _____

Witness Signature: _____

Name: (please print) _____