

PHOTO RELEASE FORM

I, (name of parent or legal guardian) _____ am
the parent or legal guardian of (name of child/participant)_____.

I hereby grant permission to use the photographs of my child taken during the Mid City Mission with Sacred Heart of Jesus Catholic Church for any legal use, including but not limited to publicity and web content.

I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature: _____

Print Name: _____

Date: _____

Telephone Number: _____