

**Riverside Presbyterian Church
Photo Release Form**

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