

ST. MATTHEW'S LUTHERAN CHURCH
12351 ALL SAINTS PLACE
WOODBIDGE, VA 22192
PHOTOGRAPH RELEASE FORM

Date: _____

Photograph Release Form:

Please mark (X) one of the following options

_____ In regards to photographs, I (we) _____ hereby **authorize St. Matthew's Lutheran Church to use photographs taken of my child(ren)** to be used for purposes of raising awareness of the church's activities. I understand and agree to the use of the photographs and likeness of my child for recording the event and participants involved only in these two ways:

- 1.) On the in-house presentations
- 2.) On the church's website in appropriate event albums

Further, for use of these photographs in other means and mediums, additional verbal permission will be sought by the staff of St. Matthew's Lutheran Church.

_____ In regards to photographs, I (we) _____ hereby **do not authorize St. Matthew's Lutheran Church to use photographs taken of my child(ren)** to be used for purposes of raising awareness of the church's activities.

x _____

Parent/Guardian Signature

_____/_____/_____

Date

x _____

Parent/Guardian Signature

_____/_____/_____

Date

x _____

Staff Signature of reception of form

_____/_____/_____

Date