



Photo Release Form

_____ I authorize the use of **any and all** photographs that include **me** to be used in InFaith publications, displays, brochures, or website, and authorize the **use of personal information (to produce captions or stories)** that may accompany the photo, such as my name, details about my participation in the event at which the photo was taken, and my involvement with InFaith ministries.

_____ I authorize the use of **any and all** photographs that include **my minor child**, _____, to be used in InFaith publications, displays, brochures, or website, and authorize the **use of personal information** that may accompany the photo, such as my child’s name, details about his/her participation in the event at which the photo was taken, and his/her involvement with InFaith ministries. (According to InFaith policy, minors in photographs will not be identified on the website.)

_____ I authorize the use of **only** the photograph described below to be used in InFaith publications, displays, brochures, or on the website, along with the **use of personal information** that may accompany the photo, such as my name, details about my participation in the event at which the photo was taken, and my involvement with InFaith ministries.

(Give brief title of photo, date of photo, location, or other information.)

_____ I authorize the use of **only** the photograph described below to be used in InFaith publications, displays, brochures,

or on the website: (Give brief title of photo, date of photo, location, or other information.)

Subject’s Name _____ Date _____

Parent/Guardian’s Signature
(21 and under need signature) _____ Date _____

Address _____

City, State, Zip _____

Email _____

Return a signed copy of this form to the Communication Department at the Home Office.