## PHOTO RELEASE FORM OF A MINOR

I, hereby grant and authorize on behalf of the following minor(s)			
Minor Name	Minor Age		Minor Date of Birth
1. 2. 3. 4. 5.	1. 2. 3. 4. 5.		1. 2. 3. 4. 5.
make use of any and all pic materials including, but not l	tures or video taken of i imited to, newsletters, fly kits and submissions to jo	me to be used yers, posters, brournalists, webs	copy, exhibit, publish, distribute and in and/or for any lawful promotional ochures, advertisements, fundraising ites, social networking sites and other ideration.
This authorization extends to	all languages, media, fo	ormats and mark	kets now known or later discovered.
This authorization shall conti minor(s) revokes this author			ke this authorization in writing, or the age.
I waive any right that I or the minor's likeness appears, inc			ove any finished product in which the
	compensated. I waive a		her likeness or has otherwise agreed ties or other compensation arising or
I understand and agree that not be returned.	these materials shall be	come the prope	rty of Faith Lutheran Church and will
•	ative, executors, adminis	trators, or any o	ability, petitions, and causes of action other persons may make while acting
	above authorization, relea		r the minor(s) in this regard. I state nent, prior to its execution, and that I
This release shall be binding and assigns.	g upon the minor(s) and	me, and our re	espective heirs, legal representatives,
Printed Name: Relationship to Minor(s): Signature:		 Date:	