



ST. MATTHEW'S
CHURCH & SCHOOL

Video/Photo Release (Minor)

Description of Activity: _____

Date(s) of Activity: _____

During the above-described activity, photographs may be taken and videos may be produced and used for future publicity. Please select one of the following:

- I **GIVE** permission for images of my child captured during the above- described activity, including but not limited to images captured by video, photo, and digital camera to be used for the purposes of Church, including in promotional materials and publications and agree to waive any rights of compensation or ownership thereto.

- I **DO NOT GIVE** permission for images of my child captured during the above- described activity, including but not limited to images captured by video, photo, and digital camera to be used for the purposes of Church, including in promotional materials and publications and agree to waive any rights of compensation or ownership thereto.

Signature of Legal Parent or Guardian

Date

Print Name of Legal Parent or Guardian

Print Name of Minor Participant