

Hollowell Student Ministries Photo Release



I, _____ (Parent Name) give permission for my child(ren) to have their pictures taken and used for student ministry videos, pictures and promotional materials.

Students who have permission to have their picture taken and used are:

Name	Age	Gender
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

___ I do not desire for my child(ren)'s photo to be published.

Parent Signature

Date