

# 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. We also have a prayer partnership with older adults in the church who receive a pic of a student, along with their name and date of birth.

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.

I do not want my child(ren)'s info/photo shared with an older adult

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date