

PHOTO RELEASE

Date _____

Child's Name _____

Parent Name _____

Hillcrest Covenant Church, from time to time, will be taking pictures of activities and events being held during Awana. By signing below, I give representatives of Hillcrest Covenant Church permission for my child's picture/video to be used in informational news coverage (newsletters, newspaper, church web site, etc.).

Yes, I give my permission for my child to be photographed.

No, I do not want my child photographed.

Parent Signature