

**Kennewick First United Methodist Church  
Photo Release Form**

**NAME:** \_\_\_\_\_

**PARENT (If under 18):** \_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**PHONE NO:**

\_\_\_\_\_ **OR** \_\_\_\_\_

**E-MAIL:**

\_\_\_\_\_ **OR** \_\_\_\_\_

\_\_\_\_\_ **I DO** give permission for me or my child's picture to be taken for use in local newspapers, church newsletters, church website, etc.

\_\_\_\_\_ **I DO NOT** give permission for me or my child's picture to be taken for use in local newspapers, church newsletters, church website, etc.

Parent/Legal Guardian Name (print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_