

# Minor/Child Photo Release Form

I, the legal parent/guardian of \_\_\_\_\_, hereby authorize and consent to the use of images or videos of my child/children listed above, with (first name only or first name last name initial, if used) or without their name(s), by McFarland United Church of Christ of McFarland, WI for purposes including but not limited to promotional materials, printed publications, internet posts including social media, television, and other media sources. I do this with full knowledge and consent and waive all claims for compensation for use or damages. I release McFarland United Church of Christ, its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image of my child/children listed above.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_