



## AUTHORIZATION TO USE PHOTOGRAPH

I give permission to Faith Early Learning Academy and Faith Memorial Church to use my child's photograph(s) for their purposes and at their discretion. I hereby release all current and future copyrights and claims over how these photographs may be distributed, duplicated, promoted and/or transferred. Photographs will not be identified by names of individuals. Display of these photographs may include bulletin boards within the facility, flyers or information distributed to the public, large bulletin boards within the community, weekly church bulletins, or the Faith Memorial website.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address (If Different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_ I have read the above and give permission for my child's photograph to be used by Faith Memorial Church & Faith Early Learning Academy at their discretion.

\_\_\_\_\_ I have read the above and give permission for my child's photograph to be used only in the facility.

\_\_\_\_\_ I do not give permission for my child's photograph to be used for any reason.

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

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