

FAMILY PHOTO RELEASE FORM

I hereby give St. Mark's or members thereof permission to take photographs of me or photographs in which I may be involved with others for the purpose of sharing the church events with others.

I hereby release and discharge St. Mark's or members thereof from any and all claims arising out of use of the photos.

I am above the age of 18. I have read this document and fully understand its contents.

Signature(s):

Date:

Print name(s):

Address:

Minors

I hereby give St. Mark's or members thereof permission to take photographs of the minor named below or photographs in which the minor may be involved with others for the purpose of sharing the church events with others.

I hereby release and discharge St. Mark's or members thereof from any and all claims arising out of use of the photos, or any rights that I or the minor may have.

I, _____ am of full age, and am able to contract for the minor in the above regard. I have read the foregoing document and fully understand its contents.

Signature:

Date:

Print name:

Address: