Oswego Alliance Church
His Community Reaching Our Community

PHOTO/VIDEO RELEASE FORM

I hereby give permission for images of my child, captured during _____(event) through video, photo and digital camera, to be used solely for the purposes of Oswego Alliance Church's promotional materials and publications or to be used on the Oswego Alliance Church website, and waive any rights of compensation or ownership thereto.

_____ Age: _____
Name of Participant (Print name)

_____
Name of Parent/Guardian (Print name)

_____
Parent/Guardian's Signature

Date:_____

_____
Witness Print Name

_____
Witness Signature

_____
Date

Comments/exceptions_____

_____

_____

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