Photo Release Form

☐ I **GRANT** permission for my child/children to be photographed and/or recorded. I permit Mount Olympus Presbyterian Church and Development Center to use my child's images/voice in videos, school/church websites, MOCCDC Facebook page, and news media for advertising, promotions, and training.

☐ I **DO NOT** grant permission for Mount Olympus Church and Development Center to photograph and/or record my child for advertising, promotions, and training.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____