

PHOTO RELEASE FORM

I, _____ authorize my child _____

To be photographed during church services and/or events for program purposes. I understand that I will not be receiving any type of reimbursement or compensation for these photographs.

Photographs will be used for learning and/or craft projects at the school, and may also be used for presentations at the Zephyr Christian Church.

Parent / Guardian Signature: _____ Date: _____

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