



Photography Consent Form

- I hereby grant full permission** to *The Church of Chicago* to use either my photograph and name (if necessary) and/or my child's photograph and name (if necessary) in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation which I may have in connection with the use of my photograph and/or name or my child's photograph and/or name. This consent is for c u r r e n t or future usage.
- I do not grant permission** to *The Church of Chicago* to use either my photograph and name (if necessary) and/or my child's photograph and name (if necessary) in any publication or advertising materials (printed or electronic).

Child's Name

Parent's or Guardian's Name (if applicable)

Relationship To Child (if applicable)

Address

City

State

Zip

Signature

Phone Number

Parent's Email Address

Date: _____