



PERMISSION TO PHOTOGRAPH

I, _____, hereby grant permission to St. Andrew's Episcopal Church

Parent or guardian

to photograph my son/ _____

child's name/s (all names may go on same form)

I understand this photograph may be used for publicity (brochure) or on St. Andrew's official website.

I also understand that my child's name and personal information will not be included with any images.

Parent/guardian signature

Date