



## Student Picture Release Form

Dear Parent,

Please fill out and sign this Photo Permission Form to either give or decline permission to use my child's picture/s by the tutoring and mentoring ministry at The Lutheran Hope Center – Ferguson and *Rebecca's Garden of Hope, Inc.*

I **GRANT** permission to use my child's pictures. (Write your child's name)

\_\_\_\_\_

I \_\_\_\_\_ (Parent please print your name)

**GRANT** The Lutheran Hope Center Ferguson and *Rebecca's Garden of Hope, Inc.* the right to publish my pictures. The agreement will be valid on an annual basis unless at the end of the year the parent/guardian notifies the organization in writing that they no longer wish to have their picture used in any designated publications, web or media related marketing material.

I give to *Rebecca's Garden of Hope, Inc.* and The Lutheran Hope Center – Ferguson the perpetual royalty free right to use these photos in calendars, websites, and other forms of publication for the purpose of supporting the efforts of the tutoring and mentoring program affiliated with RGOH or The Lutheran Hope Center – Ferguson.

I understand that no personal information will be attached to the photos.

I further state that I have the right to grant this permission and in granting this permission I also understand that The Lutheran Hope Center – Ferguson and *Rebecca's Garden of Hope, Inc.* and all affiliates will be held harmless against any claims that may originate in conjunction with the use of said pictures.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Name Printed: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Witness: \_\_\_\_\_

I **REFUSE** permission to use my photo.

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name Signed \_\_\_\_\_ Witness Name Printed: \_\_\_\_\_

\*Include the name of your church, address and phone number at the bottom of form

The Lutheran Hope Center – Ferguson  
Community Empowerment Center of Ferguson  
9420 West Florissant Ave  
Ferguson, MO 63136