

Photo Release Form

Jacob's Well Lutheran Church
10707 Coldwater Road
Fort Wayne, IN 46845

Permission to Take and Use Photographs:

I grant to Faith Preschool of Jacob's Well, its representatives and employees the right to take photographs of my child(ren):

in connection with regular and special preschool activities. I authorize Jacob's Well Lutheran Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Jacob's Well Lutheran Church may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Address _____

Date _____

I do not grant Faith Preschool the right to take photographs of my child(ren).

_____.