

PHOTO RELEASE FORM

LUTHERAN WOMEN'S MISSIONARY LEAGUE AUTHORIZATION TO TAKE AND/OR USE PHOTOGRAPHS/VIDEO/TESTIMONIALS WAIVER AND RELEASE FORM

I,
Name (print).
Signature:
Address:
Date: Telephone:
Email Address:
I hereby certify that I am the parent and/or guardian of a child under the age of 18 years, and I hereby consent that any Images or Testimonial (as defined above) may be used for any purposes set forth in this Authorization and Release above.
Signature of Parent or Guardian:
Date: Ouestions? For more information about the organization's use of photographs in communications materials, please email

us at lwml@lwml.org