



Photo Release Form

Permission to Use Photograph

Subject/Ministry

Event:

Location:

I grant to **Reid Temple AME Church, Inc.** its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize **Reid Temple AME Church, Inc.**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that **Reid Temple AME Church, Inc.** 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, social media and website content.

I have read and understand the above:

Signature:

Date:

Printed Name:

Organization Name (if applicable):

Address:



Signature, parent or guardian
(if under age 18):

"HAVE FAITH IN GOD"