

Hope Community Church

Photo Release Form

I hereby grant permission to Hope Community Church to use my photograph(s) on its Web site or in other official church printed publications without further consideration.

I acknowledge the church's has the right to crop or treat the photograph(s) at its discretion.

I also acknowledge that the church may choose not to use my photograph(s) at this time, but may do so at its own discretion at a later date.

I also understand that once my image is posted on the church's website, the image can be downloaded by any computer user, anywhere in the world.

The church reserves the right to discontinue use of any photograph(s) without notice.

Name: _____

Date: _____

Address: _____

Phone: _____

E-mail: _____

Signature: _____

(If the above name is of a minor, a parent or guardian must sign)