**Media Release Form**

*Fellowship of Champions Church  
16707 Squyres Rd, Spring, TX 77379*

*(281) 376 - 2027*

I give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be

\_\_\_\_\_ photographed during church activities  
\_\_\_\_\_ videotaped during church activities

\_\_\_\_\_ my child’s image may appear **in print or online** promoting the church’s activities, including the church’s website, promotional brochures, worship presentations, the church’s YouTube channel and the church’s Facebook page.

I understand that my child’s name will not be used to identify my child. This permission form will be kept on file in the church office. If I would like to withdraw my permission, I may do so at anytime.

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(printed)

Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

