

# Fellowship of Champions Kids Ministry

## 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 in any of these circumstance. 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: \_\_\_\_\_

**fellowship**  
of CHAMPIONS