

Photo Release Form

The Missouri District, LCMS
660 Mason Ridge Center Drive, Suite 100
St. Louis, MO 63141

Permission to Use Photographs and Video Images

Name of Registrant: _____

Event: _____

Location: _____

I grant to The Missouri District, Lutheran Church-Missouri Synod (LC-MS), the right to take photographs or video of me in connection with the above-identified event. I authorize The Missouri District, LC-MS or its assigns and transferees, to copyright, use, and publish the same in print and/or by any electronic means. Photos may be edited and combined with other elements.

I agree that The Missouri District, LC-MS may use such photographs or video of me with or without my name and for any lawful purpose, including, but not limited to, such purposes as publicity, illustration, advertising, and web and social media content.

I have read and understand the above:

Signature: _____

Printed Name: _____

Address: _____

Date: _____

Signature of parent or guardian: _____
(if under age 18)