

The Baptist Union of Victoria

PHOTO PERMISSION FORM

Name: _____

Address: _____

Phone: _____

I, _____ give (give name of your ministry here),
permission to use photos of my child/ren for the purposes of (give name of your ministry here).

I am aware that my photo/s will be published accompanying editorials or advertising for (Your
ministry) in: (Please tick appropriate box)

- (state where the photo may be used eg. Newsletter)**
Posted to (state how many will be produced, who will receive it and how often)
- (state where the photo may be used eg. website)**
(State which website, who it is aimed at and what the purpose of the site is.)
- (state where the photo may be used eg. brochure or publicity)**
(State formats it may be used in eg a brochure, poster, Power-point image or bulletin Board)

I, do/do not give permission for my child's name to be printed alongside the photograph.

I am aware that (give name of your ministry here), will use my photos in good judgment and as
agreed to by me and that I have the right to revoke permission for use at any time.

Signed: _____ Dated: _____

OFFICE USE ONLY

Photo Number: _____ Returned _____ Date Published _____ L/W/P