

Photography Release

By signing this form, you give us permission to use your name and image- that we have collected by means of digital or film photography, video, audio recording, or other documentation method- in any of our publications, in publicity or advertising, on our website, or in any other print, electronic, or digital medium.

I have read this photography release and acknowledge Grand Rapids International Fellowship's right to use these photographs.

- This is a blanket release. I will notify GRIF in writing, if I wish to rescind this Photography Release.
- This release is a one-time only release for _____

Name of Person (s) in the Photo (Please Print) _____

Grand Rapids International Fellowship
3765 Kalamazoo Ave SE
Grand Rapids, MI 49508

Signature: _____

Name (Please Print): _____

Parent's Signature: _____ Date: _____
(If the above named person(s) are under 18)

Parent's Name (Please Print): _____