



## PHOTO / IMAGE RELEASE FORM

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Date \_\_\_\_\_ 20\_\_\_\_

Church Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Christ Journey Church  
624 Anastasia Ave  
Coral Gables, FL. 33134  
305-448-4425

Purpose of Photo Session \_\_\_\_\_

Print Name: \_\_\_\_\_

Additional identifying information (not required): \_\_\_\_\_

Signature: \_\_\_\_\_

[If granting permission for minor(s), please give name(s)]:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness: [Necessary if granting permission for minor(s)]

Signature: \_\_\_\_\_