



MT. ZION BAPTIST CHURCH

DR. DANIEL SIMMONS, SENIOR PASTOR

MZ PHOTOGRAPH RELEASE FORM

I, _____, parent / guardian of

Print Parent / Guardian's Full Name

_____, do hereby grant Mount Zion Baptist Church

Print Child's Full Name

the unlimited right to utilize and/or reproduce photographs, likeness, or the voice of my child in any legal manner for the internal or external promotional / informational activities of the Mount Zion Church website.

I also agree to allow my child to be interviewed and/or photographed by representatives of the internal MZ Media – A/V Ministries in relation to any and all coverage of Mount Zion Baptist Church in which they are involved.

I further understand that by signing this release, I waive any and all present or future compensation rights to the use of the above stated material(s).

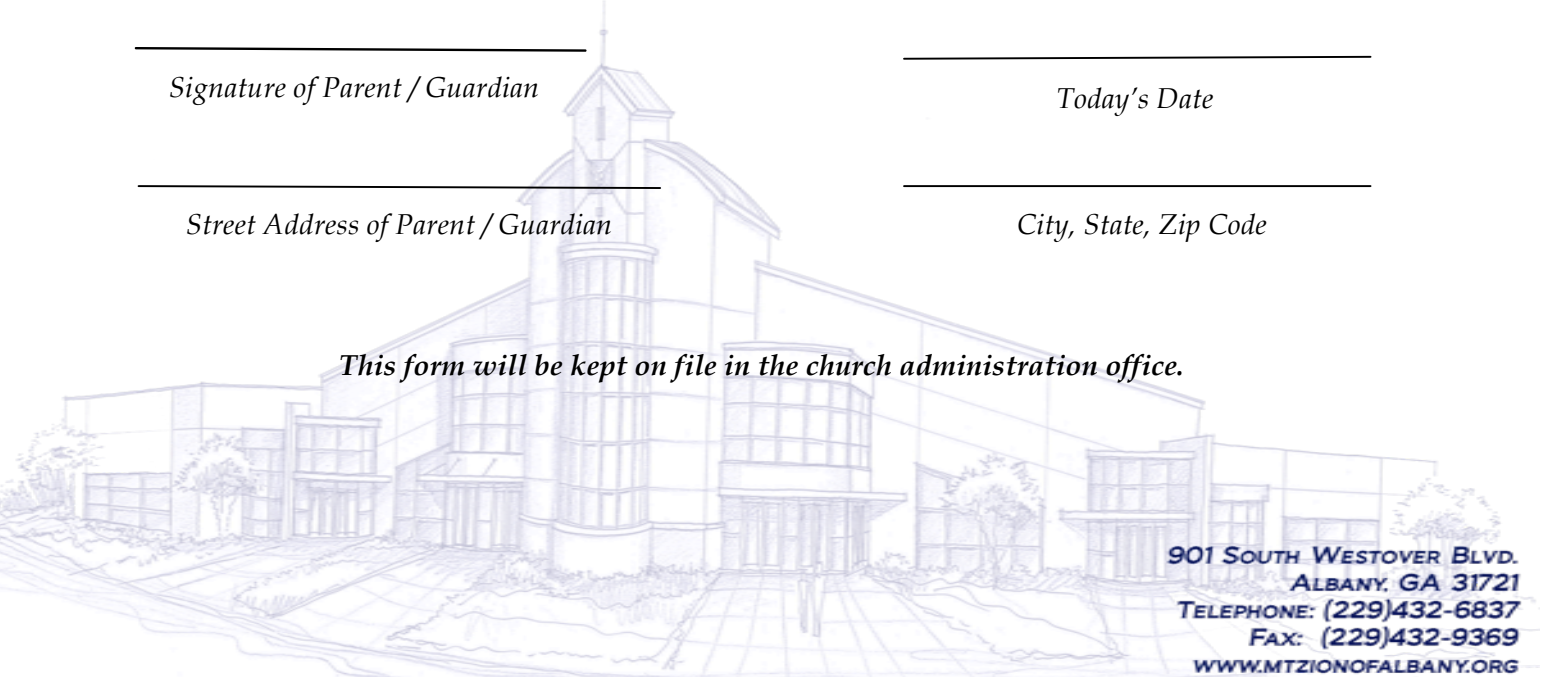
Signature of Parent / Guardian

Today's Date

Street Address of Parent / Guardian

City, State, Zip Code

This form will be kept on file in the church administration office.



901 SOUTH WESTOVER BLVD.
ALBANY, GA 31721
TELEPHONE: (229)432-6837
FAX: (229)432-9369
WWW.MTZIONOFALBANY.ORG