Photo Waiver
Girls Embracing Mission Service
(Teen LWML)
LWML Texas District

PARTICIPANT PHOTOGRAPH RELEASE FORM
LUTHERAN WOMEN'S MISSIONARY LEAGUE (LWML) Texas District

(children with same parent/guardian may be listed on one form)

Please print child's name _____

Since the LWML will be taking pictures and may be videotaping gathering proceedings and activities, my signature below gives the LWML permission to use my child's image and comments in educational, informational, and promotional materials in a variety of media, including electronic media, and for recognition purposes.

_____ _____
Signature of Parent or Legal Guardian *Printed Name of Parent or Legal Guardian*

_____ _____ _____ _____
Address *City* *State* *ZIP Code*

_____ _____
Phone Number *Email*

_____
Date

Note: Parents or legal guardians of all children under the age of 18 years must complete this form. It is to be retained in the files of the group's sponsor (mentor).

Photo Waivers
Girls Embracing Mission Service
(Teen LWML)
LWML Texas District

Certification of Signatures Received

TO: LUTHERAN WOMEN'S MISSIONARY LEAGUE (LWML) TEXAS DISTRICT
RE: PARTICIPANT PHOTOGRAPH RELEASE FORMS

I certify that there are on file, at _____
Church Name

_____ _____ ___ _____
Church Address *City* *State ZIP Code*

completed and signed **LWML Photo Waiver** forms for each of the following children:
(extra sheets may be used)

Name of Child:	Name of Parent or Guardian:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ _____
Signature of Church Employee or Volunteer *Title*

_____
Printed Name of Church Employee or Volunteer

Original to be retained in the files of the group's sponsor (mentor)
copy to: LWML Texas District VP of Communication