



**Photographic Release**

By signing this document, I give permission for Gateway Metro Federal Credit Union to use photographs or video taken of me or my child. I understand that these photographs will be sent out with press releases and may be used in newspapers, magazines, newsletters, on the credit union's website, online publications, and other media outlets.

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you,  
Gateway Metro Federal Credit Union