

## PHOTOGRAPH & VIDEO RELEASE FORM

**Parents: Please complete, sign and send back to Saint Joseph School**

I DO NOT give Saint Joseph School/CMAC images (Photographer) my permission for images of my child/children, captured during Saint Joseph School and parish activities through video and photographs, to be used for the purpose of Saint Joseph School and the Parish promotional materials, publication and Web Sites.

Name of Child/Children (please-print) \_\_\_\_\_ Grade\_\_\_\_\_

\_\_\_\_\_ Grade\_\_\_\_\_

\_\_\_\_\_ Grade\_\_\_\_\_

\_\_\_\_\_ Grade\_\_\_\_\_

\_\_\_\_\_ Grade\_\_\_\_\_

Name of Parent/Guardian (please- print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date\_\_\_\_\_