

St. Helen Parish School of Religion

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PHOTO RELEASE AND AUTHORIZATION

I (We) the parent(s) and/or guardians of my (our) minor child

_____ (name), age _____, do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs/videos taken of my (our) son/daughter during the current 2009-2010 PSR/EDGE/Sacramental school year by an employee, agent, or representative of the St. Helen Parish School of Religion Program or by an independent contractor. The photographs/videos will be used of any of the following:
Church Bulletin Board Display, Sacramental Programs, Prayer Table Display, Scrapbooking, Name Cards for Children, Classroom, St. Helen Website, Newspaper Releases , Videos

This Release and Authorization acknowledges that all photographs, negatives, positives, prints, and video shall constitute the property of the St. Helen Parish School of Religion Program and may be used by the St. Helen Parish School of Religion Program without any compensation or further notice to me (us) or to my son/daughter.

Parish School of Religion Representative Parent(s) and/or Guardian(s)
Date: _____ Date: _____

Residing at: _____

I DO NOT GIVE PERMISSION TO DISPLAY PICTURES OF MY CHILD.

Parent/Guardian Signature _____

Date _____