Photo Release & Authorization Form 2020-21

St. Christopher Parish School of Religion

(One per Family)

I (we) the parent(s) and/or guardian(s) of my (our) minor child(ren) do hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my(our) daughter(s)/son(s) during his/her enrollment at Saint Christopher Parish School of Religion Program by an employee, agent or representative of Saint Christopher Parish or independent contractor in print or electronically.

This Photo Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives and prints shall constitute the property of Saint Christopher Parish PSR Program and may be used by Saint Christopher Parish for any purpose determined at its discretion without further notice or any compensation to me or my daughter/son.

**Child’s Name Grade**

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Parent Signature Date

Please sign below if you **do not grant permission** for your child(ren)’s picture to be taken or used by Saint Christopher Parish School of Religion Program.

\*\*\*\*\*\*\*Only sign below if you **do not give permission** for the student photos. \*\*\*\*\*\*\*

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_