

## Holy Trinity Youth Ministry Photo Release Permission Form

I, \_\_\_\_\_ parent/guardian request that my

Child \_\_\_\_\_ be photographed and that this picture may be used for diocesan publications, Holy Trinity website, Social Media, web site, newsletters, Record articles, and posters.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Home Phone** ( ) \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_ **E-Mail** \_\_\_\_\_.

**Emergency Phone** \_\_\_\_\_ **School** \_\_\_\_\_

Please return this form to the Holy Trinity youth minister.