



Saint Joseph Parish

PHOTO RELEASE AUTHORIZATION

Part I or II must be completed

Part I

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

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

Parent(s) and/or Guardian Signature

Date

PART II

REFUSAL TO CONSENT FOR PHOTO RELEASE AUTHORIZATION

I (We) the parent(s) and/or guardian(s) of my minor child _____, age _____, do not hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my daughter/son during her/his enrollment at Saint Joseph Parish School of Religion Program by an employee, agent, or representative of Saint Joseph Parish or independent contractor.

Parent(s) and/or Guardian Signature

Date