



## **PHOTO RELEASE AND CONSENT FORM**

I do hereby authorize St. Philip Catholic School, its agents, successors, subsidiaries, and/or affiliates to photograph me and allow said photograph(s) of me to be used/published in brochures, newspapers, newsletters, websites and/or miscellaneous publications without limitation. Said photograph(s) shall be and remain the property of St. Philip Catholic School. Said photograph(s) may be used with or without using my name. The photograph(s), if edited, have not been submitted to me for inspection or approval prior to publication.

I agree that there is no cost to me for publication of the(se) photograph(s) published. I agree that there will be no cost to me for publication of the(se) photograph(s), if in fact the(se) photograph(s) are published.

I also agree that I will not be compensated for allowing the(se) photograph(s) to be taken, whether published or not.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

FAMILY LAST NAME:

\_\_\_\_\_

NAME OF CHILD(REN):

\_\_\_\_\_

I, the undersigned, being the parent (guardian) of the above named minor(s), do hereby consent to the above authorization and general release.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**SIGNING THE "PARENT / STUDENT SIGNATURE PAGE" IN YOUR FOLDER INDICATES YOU'VE REVIEWED AND AGREED UPON THESE ITEMS. THERE IS NO NEED TO SIGN AND RETURN THIS FORM TO THE OFFICE AS LONG AS THE "PARENT / STUDENT SIGNATURE PAGE" IS RETURNED.**