

# RELIGIOUS EDUCATION PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent or guardian of a child/children at Our Lady, Mother of the Church, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at Our Lady, Mother of the Church during normal class hours, field trips, or activities. I understand that these photographs may be used in promoting the Religious Education program, either in print or on the Internet.

The child(ren) are known as: \_\_\_\_\_.

With my signature below I **GRANT / DENY** (please circle one) permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Religious Education program. I understand that it is my responsibility to update this form in the event that I have changed my status on the authorization of the above information. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release if I grant permission for the use of photographs or videos.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship To Child \_\_\_\_\_

