

Photo-Video Release Form
St. Joseph Parish PSR
(One form per Family)

I hereby give permission for _____

Name/s

who is/are my, _____
Relationship to Student/s

to be photographed and/or videotaped during the St. Joseph Parish PSR program and any of its related activities. I realize that any photo/video may be published in various media including newspapers, magazines, the parish bulletin, the parish website and/or Facebook page and other publications for the purpose of “telling the Good News” about what children are doing to promote their faith development and continue their Catholic education.

Official Signature Date

Official Signature Date

Official Signature Date

Official Signature Date