

DEPARTMENT OF CATHOLIC SCHOOLS
DIOCESE OF WHEELING-CHARLESTON

**PHOTO RELEASE FORM
FOR ST. JOSEPH THE WORKER GRADE SCHOOL**

I, the parent or guardian of _____ (print child's name & grade) release and assign to **St. Joseph the Worker Grade School** and the Diocese of Wheeling-Charleston all rights to the video, sound recordings, and/or photographs made of my child during school hours and school events.

I authorize reproductions, sales, copyright, exhibition, broadcast and/or distribution of said video, sound recordings, and/or photographs without limitation for general religious and promotional purposes of the Diocese of Wheeling-Charleston.

I release, individually on behalf of my minor child, the Diocese of Wheeling-Charleston, its agents and employees from any and all claims, damages, liabilities, costs and expenses which I now have or may hereafter have arising out of the making or use of such video, sound recordings, and/or photographs.

I understand that I may withdraw this authorization in writing at any time. I further understand that refusing to grant this consent will in no way affect the scholastic or extracurricular services my child receives.

_____ I grant the permission outlined in this Photo Release Form

_____ I refuse the permission outlined in this Photo release Form

*****THIS IS FOR THE 2018-2019 SCHOOL YEAR ONLY!**

Parent or guardian (Print Name) _____

Parent or guardian Signature _____

Date _____