

HOLY FAMILY SCHOOL

Berwick, PA

Photograph/Video Release Form

I, _____, hereby grant to Holy Family School permission to display and share electronically, or in the news media photographs and/or video footage of my child, _____, taken in conjunction with his/her participation in the educational process. By signing this release, I understand and consent that his/her photograph and/or video image may be displayed by Holy Family School. I also understand that Holy Family School's display of such a photograph, or video image will allow that video, or photograph to be viewed by the general public.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Child's Full Name: _____

Home Address: _____

Phone: (H) _____ (W) _____ (C) _____

Parent's Signature: _____