

Student Photo and Video Release Form

I, the undersigned, do hereby consent and agree for photographs, videotapes, or digital recordings of my child _____ may appear on _____
Child's Name School's Web page, over the Diocese of Harrisburg's Wide Area
Name of school Network (WAN) through the use of web cameras and/or video conferencing units during the _____ school year.

I understand that my child's picture will be on display for the reason of _____ . I further acknowledge my child's name may/may not be used in connection with his/her picture, videotape, digital recording.

I hereby agree on behalf of the above named student and with the agreement of his/her other parent or legal guardian to waive any claims against this school, the Diocese of Harrisburg (and any diocesan or school offers, agents or employees) which may rise from the use of said picture/pictures/videotape/digital recording of _____ student/students in
Name of school the above described event.

If at any time, I want my child's photograph and/or recording to be removed from any use, I acknowledge that it is my responsibility to inform in writing the Principal/Vice Principal of this decision.

Name: _____ Date: _____

Address: _____

Phone: _____ Signature: _____