

Holy Childhood of Jesus Church
Photo/Video Release

Child's Name: _____

I hereby authorize Holy Childhood of Jesus Church to take photographs and/or videos of my child.

I understand that these photos/videos may be used in displays, bulletin boards, recruitment, local advertisements/marketing, or other types of news and educational publications and stories.

Parent Signature

Date

Denial of Conditional Release

- I do not authorize Holy Childhood of Jesus Church to photograph/video my child.
- I Authorized Holy Childhood of Jesus Church to photograph/video tape my child with the following conditions.

Conditions of Release:

Parent Signature

Date