

ST. ROSE & ST. AGNES PARISHES
STUDENT PHOTO & VIDEO RELEASE FORM

Student Name: _____

Grade: _____

Parent/Guardian Name: _____

Phone/Email: _____

PHOTO & VIDEO PERMISSION

Throughout the year, students may participate in service projects and activities sponsored or coordinated by **St. Rose and St. Agnes Parishes**. Photographs and/or video recordings may be taken during these activities to help share the students' experiences and highlight the parish's service and mission efforts.

By signing below, I acknowledge and agree that:

- I give **St. Rose and St. Agnes Parishes**, their staff, volunteers, and authorized representatives permission to photograph and/or record my child while participating in parish-sponsored service projects and activities.
- I understand that photographs and/or video may be used for parish-related purposes, including parish websites, newsletters, bulletins, social media, presentations, promotional materials, and other communications related to parish life and service.
- I understand that I will not receive payment or other compensation for the use of photographs or video.
- I understand that I may revoke this permission in writing at any time. Revocation will apply to future use and may not be possible for materials that have already been published or distributed.
- I release St. Rose and St. Agnes Parishes from liability related to the authorized use of photographs and/or video taken during parish-sponsored activities.

PLEASE CHECK ONE:

☐ **YES, I give permission** for my child to be photographed and/or recorded during St. Rose and St. Agnes parish-sponsored service projects and activities.

☐ **NO, I do not give permission** for my child to be photographed or recorded.

PARENT/GUARDIAN CONSENT

I have read and understand this Photo & Video Release Form and give my permission as indicated above.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____