



St. John the Baptist Catholic School

315 N. Constitution Avenue
New Freedom, PA 17349
717-235-3525

STUDENT PHOTO/VIDEO RELEASE FORM 2022-2023 SCHOOL YEAR

I, the undersigned, do hereby consent and agree for photographs, videotapes, or digital recording of my child(ren)

Child's name

Child's name

to appear on St. Johns website, over the Diocese of Harrisburg's Wide Area Network.(WAN), through the use of web camera, and/or through video conferencing and advertisement during the 2020-2021 school year. I understand that my child(ren)'s picture(s) will be on display for the reason of promotional purposes. I further acknowledge my child(ren)'s name(s) may be used in connection with his/her picture, videotape or digital recording.

I hereby agree on behalf of the above named student(s) and with the agreement of his/her other parent or legal guardian to waive any claims against St. John's Catholic School, the Diocese of Harrisburg, and any diocesan agents or employees, which may rise from the use of said picture/videotape/digital recording of St. John student/students in the above described manner.

_____ ***Initial here if you DO NOT want your child(ren)'s photograph and/or recording to be used at any time.***

- I DO NOT agree to allow my/our child(ren)'s photograph and name to appear together.
- I DO NOT agree to allow my/our child(ren)'s image or name on any social media.

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

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date _____