



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/We, the undersigned, **Do** / **Do NOT** consent for

(child's name)_____

(child's name)_____

(child's name)_____

(child's name)_____

to be photographed, videotaped or digitally recorded to appear on St. John the Baptist School's website, newsletters, social media pages, 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 school year. I/We understand that the child's picture(s) will be on display for the reason of promotional purposes. I/We further acknowledge the child's name may be used in connection with his/her picture, videotape or digital recording. I/We hereby agree on behalf of the above named child 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 arise from the use of said picture/videotape/digital recording of St. John student/students in the above described manner.

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

Parent Name_____

Parent Signature _____ Date_____

Parent Name_____

Parent Signature _____ Date_____