

## Photo/Video Release Form

I, \_\_\_\_\_, hereby give the Archdiocese of Philadelphia/  
\_\_\_\_\_, its successors and assigns and those acting with authority,  
Name of Parish  
the unqualified right and permission to reproduce, copyright and circulate pictures and/or video  
of my child produced and filmed by the Archdiocese of Philadelphia \_\_\_\_\_  
Name of Parish

I hereby warrant that I am free to give this permission. I further warrant that the information I  
have provided is to the best of my knowledge, true and accurate.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip