

**Photo-Video Release Form**  
**St. Joseph Parish PSR**  
(One form per Family)

I hereby give permission for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name/s

who is/are my, \_\_\_\_\_  
Relationship to Student/s

to be photographed and/or videotaped at St. Joseph Parish PSR Program.

I realize that the photo/video may be published in the newspapers, a magazine, the parish bulletin, or other publications for the purpose of "telling the Good News" about what children are doing to promote their faith development and continue their Catholic education.

\_\_\_\_\_  
Official Signature                      Date

\_\_\_\_\_  
Official Signature                      Date

\_\_\_\_\_  
Official Signature                      Date

\_\_\_\_\_  
Official Signature                      Date