St. Francis Xavier Church
155 Stringer Lane
Mount Washington, KY 40047

Photo, Video, Website Release

(PLEASE PRINT)

Student Name _____

Student Name _____

Student Name _____

Parent(s) Guardian(s) Name(s) _____

Address _____

Second Address (if applicable) _____

Phone Numbers _____ _____

I (We) parent(s) or guardian(s) of the above name child(ren) do hereby give and grant to St. Francis Xavier Church permission to use my/our child(ren)'s name, photograph, and/or videotaped image in publications and video productions, and on the church app, church social media and/or church website. I/we do further certify that I/we are of full legal capacity to execute the foregoing authorization and release.

_____ _____
Signature of Parent(s) or Guardian(s) Signature of Parent(s) or Guardian(s)

_____ _____
Date Date