



## PHOTOGRAPH/VIDEO RELEASE FORM

ST. BONIFACE  
MARTYR PARISH

Child's Name: \_\_\_\_\_

Sponsoring School: **St Boniface Martyr Parish Religious Education Program**

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I (Parent/Guardian Name) \_\_\_\_\_ hereby grant to St. Boniface Martyr Parish the right, but not the obligation, to photograph/video, reproduce and use my child's (Child's Name) \_\_\_\_\_ photograph/video in any manner whatsoever, for the educational purposes of St. Boniface Martyr Parish Religious Education Program, electronic or other forms as deemed necessary and appropriate. I acknowledge that in the photographing/videotaping my image you are depicting or portraying any person(s) appearing therein, either directly or indirectly, fictional or factually. I hereby release you, your successors, assignees and licensees, from any claim of any kind or nature whatsoever arising from the use of such photograph/video, including, without limitation, those based upon defamation (including libel and slander), invasion of privacy, right of publicity, copyright or any other personal and/or property rights, and I agree that I shall not now or in the future assert or maintain any such claim against you, your successors, assignees and licensees. I represent that I have the authority to grant you permission and rights granted herein, and that no one else's permission is required with respect to such rights.

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*Child's Name*

I, am the parent or legal guardian of the above named minor and I endorse this statement in his/her behalf on this day (Today's Date) \_\_\_\_\_.

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*Parent's or Guardian's Signature*

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*Street Address, City, State and Zip code*

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*Email Address*