Photo, Video, Website Release ST. Francis Xavier

(PLEASE PRINT) Student Name: Student Name: Student Name:____ Student Name: Parent(s)/Guardian(s): Home Address: Home Telephone Number:_____ Cell Phone: parent(s) or guardian(s) of the above named children do hereby give and grant to **St.** Francis Xavier permission to use my child's name, photograph, and/or videotaped image in publications, video productions, and/or church Internet website, Blog. 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):______Date:_____

______Date:_____