PHOTO RELEASE and AUTHORIZATION

I (We) the parent(s) and or guardian(s) of my (our) minor child(ren) do hereby consent and authorize the release, publication, use, and/or reproduction of any and all photographs taken of my (our) daughter/son during her/his enrollment at St. Joseph PSR programs.

This release and authorization acknowledges that all photographic proofs, photographic negatives, and prints shall constitute the property of St. Joseph Church and may be used for any purpose determined at its discretion, including but not limited to promotional publications, and newsletters, without further notice or any compensation to me or to my daughter/son.

This authorization is for the school year of 2010-2011.

_____	_____
Student Name (print)	Student PSR Grade
_____	_____
Student Name (print)	Student PSR Grade
_____	_____
Student Name (print)	Student PSR Grade
_____	_____
Student Name (print)	Student PSR Grade

_____	_____
Witness Date	Parent/Guardian Date