

**MATERNITY B.V.M. SCHOOL
PHOTO RELEASE FORM**

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I also understand that our school, may be identified by name and I fully understand that this is a complete release of all claims against the Archdiocese of Philadelphia or any other person, firm or corporation by reason of any such use of such school pictures.

I hereby warrant that I free to give this permission. I further warrant that the information I have provided, to the best of my knowledge, true and accurate .

OR

I, _____, hereby **do not** give permission to the Archdiocese of Philadelphia, its successors and assigns and those acting with its authority, the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any school pictures of my child produced by the Archdiocese of Philadelphia.

Signature of Parent(s)/Guardian(s)

Date

Student

Date of Birth/Grade

Address

City, State, Zip

Phone

School Year