

## PHOTO/VIDEO RELEASE

I hereby **give** permission for my son/daughter

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to be photographed or videotaped at St. Elizabeth Interparochial school. I realize the photo may be published in the newspaper, a magazine, the school website, or other publication. The video may be used for informational or educational purposes regarding the programs or curriculum at St. Elizabeth Interparochial School.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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I hereby **do not give** permission for my son/daughter

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_