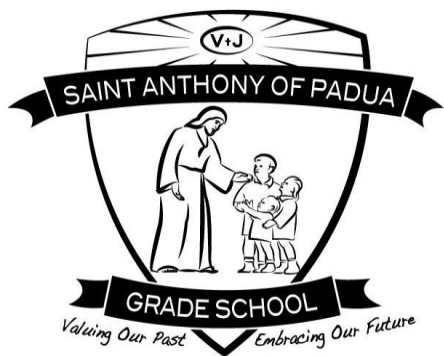




Saint Anthony of Padua Grade School
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Web: www.sapgs.org

PHOTO-VIDEO RELEASE

I hereby give permission for my child to be photographed or videotaped at St. Anthony of Padua Grade School. I realize that the photo/video may be published in the newspaper, a magazine, on the school website or other publication. The photo/video may be used for informational or marketing purposes regarding the programs or curriculum at St. Anthony of Padua Grade School.

Parent/Guardian signature: _____

Date: _____

Child's name: _____

Child's grade: _____

Sign below if you DO NOT give permission!

___ I do not grant permission for my child's photo/video to be released.

Parent/Guardian signature: _____

Date: _____

ONE FORM MUST BE COMPLETED FOR EACH STUDENT!