



SAINT DOMINIC
CATHOLIC SCHOOL

PHOTO RELEASE FORM

I, _____, the parent of a child/children at St. Dominic School, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at St. Dominic School during normal hours, field trips, or activities. I understand that these photographs may be used in promoting the school, either in print or on the Internet.

Child(ren) _____

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting St. Dominic School. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I understand that there will be no payment for me or my child's participation in this release.

Print name: _____

Signature: _____

Date: _____