

## PHOTOGRAPH RELEASE FORM

I hereby authorize that photographs may be taken of my child(ren) and authorize St. Martin of Tours Parish School to use the photographs in advertising and marketing activities to benefit the school.

I understand and agree the use of these photographs is not an invasion of privacy. Neither I, nor anyone claiming to speak on my child's behalf, will later object to the school's use of the photographs.

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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