



**St. Joseph Extended Care Program
Image Release Form**

I hereby consent to and authorize the use by St. Joseph Extended Care Program ("EC Program") of photography, video or voice recordings taken of my child(ren) and any reproduction of them in any form in any media whatsoever, whether now known or hereafter created.

This consent is limited in scope to the advertising, marketing and or publicizing of images for the EC Program and does not include a consent for the use of names. Consent is also limited to images (including video) of my child(ren) participating in program activities to be viewed on campus or shared with parents of St. Joseph School.

Consent is given for this and the following school year (including summer):

Print Child(ren's) Name: _____

Parent Name: _____

Signature: _____

Date: _____