

SERVICE STARS
PHOTO/VIDEO/DVD/WEBSITE PERMISSION FORM

STUDENT NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

PARENT/GUARDIAN: _____

I, _____, PARENT OR
GUARDIAN OF _____, DO HEREBY
GIVE AND GRANT TO SERVICE STARS, THE YOUTH SERVICE MINISTRY OF
ST. JOSEPH PARISH, PERMISSION TO USE MY CHILD'S IMAGE ON THE
FOLLOWING:

(YES OR NO)

_____ VIDEO/DVD MAY WE INCLUDE NAMES? _____

_____ PRINT/PHOTOS MAY WE INCLUDE NAMES? _____

_____ WEBSITE/E-MAIL MAY WE INCLUDE NAMES? _____

I FURTHER CERTIFY THAT I AM OF FULL LEGAL CAPACITY TO EXECUTE
THE FOREGOING AUTHORIZATION AND RELEASE.

SIGNATURE OF PARENT OR GUARDIAN

DATE

WITNESS

DATE
