



*Holy Childhood School  
215 North John Street  
Mascoutah, IL 62258  
Telephone: 618-566-2922*

## **Student Release Form Video/Photograph/Tape**

*(Please Print)*

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_

I, the undersigned, hereby consent to the use of any video tapes, photographs, slides, audio tapes, or any other visual or audio reproductions by Holy Childhood School/Parish and the Diocese in which my daughter or son may appear. I understand that these materials may be used for promotion of the school, parish and the Diocese including recruitment and fund-raising efforts. I release the school, parish and the Diocese of Belleville from any liability connected with the use of a picture or voice recording as part of any promotion, recruitment, or fund-raising program.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_