

**SAINT DAVID SCHOOL
401 N. EASTON RD.
WILLOW GROVE, PA 19090**

PHOTO RELEASE FORM

Date _____

I, _____, hereby give the Archdiocese of
(Parent/Guardian signature)

Philadelphia, its successors and assigns and those acting with its authority the unqualified right and permission to reproduce, copyright, publish, circulate or otherwise use any school pictures of my child produced by the Archdiocese of Philadelphia. This authorization and release covers the use of said school pictures in any published form and any media of advertising publicity.

I also understand that our school may be identified by name and I fully understand that this is a complete release of all claims against the Archdiocese of Philadelphia or any other person, firm or corporation by reason of any such use of such school pictures.

I hereby warrant that I am free to give this permission. I further warrant that the information I have provided is, to the best of my knowledge, true and accurate.

Student Name _____ **Date of Birth** _____

Address _____

Phone _____

School Year _____