

PHOTO RELEASE FORM

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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.

Signature of Parent(s)/Guardian(s)

Date

Student

Date of Birth

Address

City, State, Zip

Phone

School year