

**St. Ann School**  
**435 S. 6<sup>th</sup> Street**  
**Emmaus, PA 18049**

**PHOTO RELEASE FORM**

I, \_\_\_\_\_ hereby consent to and authorize the use and reproduction by St. Ann School or anyone authorized by St. Ann School, of any and all photographs that have been taken of me and/or my child(ren) for any purpose, without compensation to me.

I understand that St. Ann School may use these photographs in any medium for education, promotional, advertising, or other purposes that support the mission of the school.

I hereby acknowledge that I have read and understand the terms of this release.

\_\_\_\_\_  
Child's Name (please print)

\_\_\_\_\_  
Child's Name (please print)

\_\_\_\_\_  
Child's Name (please print)

\_\_\_\_\_  
Signature of parent or legal guardian of child(ren)

\_\_\_\_\_  
Date

**(or)**

\_\_\_\_\_ I do not want my child(ren)'s picture in any medium used for education, promotional, advertising, or other purposes that support the mission of St. Ann School.

\_\_\_\_\_  
Signature of parent or legal guardian of child(ren)

\_\_\_\_\_  
Date