

**ST. ANTHONY OF PADUA RELIGIOUS EDUCATION
SIGNATURE PAGE - ONE PER STUDENT**

Child's Name: _____ **Formation Level:** _____ **Day Attending:** _____

Child Pick-Up Authorization

Please print clearly:

Name(s) of person(s) **including parents/guardians** authorized to pick up my child from St. Anthony's Religious Education classes:

<u>NAME</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PARENT/GUARDIAN SIGNATURE: _____

Photo Release

I hereby grant permission, without reservation, to the Church of St. Anthony of Padua and to those authorized by the Church of St. Anthony of Padua, to take photographs and to make recordings of my child (named below) and to use them in original or modified form in all media now or hereafter known, with or without name or information, solely for the promotion, public education and/or fundraising activities of the Church of St. Anthony of Padua. I understand and agree that I am entitled to receive no compensation for the above.

I release the Church of St. Anthony of Padua, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have, relating to the above. I further agree that the Church of St. Anthony of Padua will be the sole owner of all tangible and intangible rights in the above mentioned photographs and recordings, with full power of disposition.

I am the parent or guardian of the minor named below and I hereby consent to the foregoing on behalf of the minor and myself.

Name of Child: _____

Parent/Guardian Signature: _____

Print Name: _____ Address: _____

Date: _____ Phone: _____