ST. CATHERINE LABOURÉ SCHOOL PHOTOGRAPH CONSENT AND WAIVER FORM

I hereby consent to having my child's () picture appear
Child's Name (please print) on/in any newspaper/radio/television/web page/electronic media or pub	lic relations materials for Saint
Catherine Labouré School. I understand his/her picture will be on display	in accordance with the above-
mentioned activity. I further acknowledge that my child's name may/n	nay not be used in connection
with his/her picture.	
I hereby agree on behalf of the above named student and with agreem	ent of his/her other parent or
legal guardian to waive any claims against this school, the Diocese of Ha	arrisburg (and any diocesan or
school officers, agents or employees) which may arise from the use of	said picture/pictures of Saint
Catherine Labouré student(s) in the above mentioned forums.	
If, at any time, I want my child's photograph to be removed from the o	fficial Saint Catherine Labouré
newspaper/video/television/web page/electronic media or public relat	ions materials, I acknowledge
that it is my responsibility to inform in writing the Principal of this decisio	n.
Name of Parent/Guardian	
(please print)	
Parent / Logal Guardian Signature	