

Photography Release Statement

_____ I hereby grant permission for my child to be photographed and/or videotaped during Immaculate Conception Church functions, including Faith Formation. I understand that my child may decline to be photographed and/or videotaped at any time. I understand that the resulting photographs and/or videotaped footage may be edited if necessary, and then published, including to the Immaculate Conception website, and/or broadcast for the purpose of promoting Immaculate Conception Church, which may include advertising materials, articles in the local newspaper or any other items that the priest may deem appropriate.

_____ I hereby decline to grant permission for my child to be photographed and/or videotaped during Immaculate Conception Church functions. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify Immaculate Conception Coordinators that he/she may not be photographed and/or videotaped under any circumstances.

Name of Child(ren): _____

Parent Signature: _____ Date: _____

***Return to:
Faith Formation
Immaculate Conception Church,
555 8th Street SW,
Pine City, MN 55063***