## St. John the Baptist

## Confirmation class Photo-Video Release Form

I, the parent or guardian of (chi	ld/ren name) release and assign to St. John the
Baptist Confirmation faith class and the Diocese of Sacramento all rights	to the video, sound recordings, and/or
photographs made of my child during faith education school hours and fa	ith formation/Retreats events.
I realize that the photo may be published in the newspaper, a magazine, t publications Medias. The video may be used for informational or education curriculum at St. John the Baptist.	
I understand that I may withdraw this authorization in writing at any time this consent will in no way affect the faith education my child receives.	. I further understand that refusing to grant
I grant the permission outlined in this Photo/video Release Form.	
I refuse the permission outlined in this Photo/video Release Form.	
Parent or guardian printed r	name
Parent or guardian signature	
Date	