Parent (Family) Last Name _____

Diocese of Las Vegas

Saint Anne Catholic School

2009-2010

PHOTO RELEASE AND AUTHORIZATION

I (we) the parent(s) and/or guardian(s) of my (our) minor child(ren):

Name Child #1	Age as of last birthday
Name Child #2	Age as of last birthday
Name Child #3	Age as of last birthday
Name Child #4	Age as of last birthday

do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs taken of my (our) son/daughter during the **2009-2010 school year** by an employee, agent or representative of Saint Anne Catholic School or by an independent contractor.

This Release and Authorization acknowledges that all photographs, negatives, positives and prints shall constitute the property of Saint Anne Catholic School or by the Department of Catholic Education of the Diocese of Las Vegas for any purpose determined by their discretion, without further notice or without any compensation to me (us) or to my son(s)/daughter(s).

Parent and/or Guardian	Date
Parent and/or Guardian	Date
Witness	Date