

**MEDIA CONSENT FORM**

The St. Roch Religious Education Program engages in various correspondence and publicity with families, parishioners and other members of the community regarding various aspects of this program. Parents are given the option of authorizing the use of their children's photos with or without names for those purposes, if they so desire.

If you wish to provide authorization, please complete the information below, and provide it to Mr. Timothy Stokes, Director of Religious Education.

**St. Roch  
Flat Rock, Michigan**

Student's Name	Grade	Date of Birth

Parents may cancel this Authorization at any time by providing written notice to the St. Roch Religious Education Program at 25022 Gibraltar Road, Flat Rock, MI 48134.

**Video/Photography Utilization**

(1) I give permission for my child to be photographed or videotaped/filmed for educational and community relations not-for-profit use such as newsletters/bulletin articles in The Voice of St. Roch or on the parish website(s), community newspaper articles, etc.

Signature:

By: \_\_\_\_\_  
(Signature of Parent or Legal Guardian)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Printed Name of Parent or Legal Guardian)

(2) In addition, I give permission for my child's **name** to accompany my child's photo or video to be published for community relations/PR purposes, etc.

Signature:

By: \_\_\_\_\_  
(Signature of Parent or Legal Guardian)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Printed Name of Parent or Legal Guardian)