

**SAINTS PETER AND PAUL
YOUTH MINISTRY
MEDIA RELEASE FORM**

Please read thoroughly!

Check One:

_____ I give permission to allow my child's picture and or name to be used in interviews or on the Saints Peter and Paul web page.

_____ I do not give permission to allow my child's picture and or name to be used in any way.

Check One:

_____ I give permission for my child to share his/her e-mail address with the Youth Ministry Program for information purposes only.

_____ I do not give my child permission to share his/her e-mail address.

Youth Name _____

Parent(s) Signature _____

Date _____