Photo/Video Release Form

l,	hereby authorize and consent to the use of images or
videos of me, with or without my name, by S	St. John's Lutheran Church & School of Chaska, Minnesota for
purposes including but not limited to: promo	otional materials, printed publications, internet posts including
social media, television, and other media social	urces.
I release St. John's Lutheran Church & School	l of Chaska, Minnesota, its officers, trustees, employees, and
agents from liability for any claims by me or a	any third party in connection with the use of my image.
Furthermore, I, the legal parent/guardian of	, hereby authorize and
consent to the use of images or videos of my	child/children listed above, with or without their name(s), by St.
John's Lutheran Church & School of Chaska, I	Minnesota for purposes including but not limited to: promotional
materials, printed publications, internet post	ts including social media, television, and other media sources. I
release by St. John's Lutheran Church & Scho	ool of Chaska, Minnesota, its officers, trustees, employees, and
. , ,	any third party in connection with the use of the image of my
child/children listed above.	
I reserve the right to limit use to the followin	ng:
only photos/videos taken at	
	oup, Worship Service, Vacation Bible School, etc.
	e in connection with St. John's Lutheran Church & School
	ays:
I do this with full knowledge and consent and	d waive all claims for compensation for use or for damages
this day of	, 2022.
Signature:	
Printed Name:	