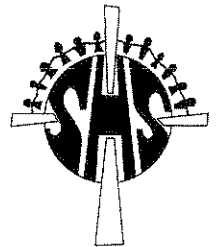


Last Name _____ First Name _____ (Please print)

Grade Level _____ Homeroom Teacher _____

St. Hubert School

8201 Main Street, Chanhassen, MN 55317-9647
School Office (952) 934-6003 School Fax (952) 906-1229



PARENT AUTHORIZATION CONSENT AND RELEASE FORM

The undersigned parent hereby authorizes and consents that The Church of St. Hubert be permitted to use and publish for advertising, commercial or publicity purposes, the name and likeness of my child (ren) _____, for any other lawful purpose whatsoever, including electronic media and internet web site. The undersigned parent does hereby release The Church of St. Hubert from any liability in connection with such use.

The undersigned parent acknowledges having read this release, having had the opportunity to consider and understand its terms and does hereby execute it voluntarily and with knowledge of its significance.

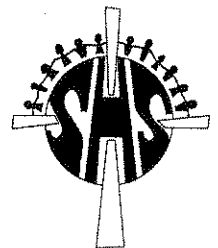
Signature: _____ Date: _____

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