

## MEDIA AUTHORIZATION AND RELEASE

Please complete one (1) form for each child enrolled.

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children or children of whom I am the designated guardian.

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Names of Child

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Names of Parent or Guardian

by the Department of Education, Archdiocese of New York and/or the Catholic School Region and their parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents and contractors (the "School").

I hereby grant to School the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, internet, and podcasts.

I forever grant, assign, and transfer to School any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by School. I hereby agree to release, indemnify and hold harmless School from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.

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Print Name

Name of Child/Children

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Signature

Signature of Parent or Guardian

Date \_\_\_\_\_