

MEDIA AUTHORIZATION AND RELEASE

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 _____

Names of Children, 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.

Print Name

Name of Child/Children [if applicable]

Signature

Signature of Parent or Guardian

Date

SIGNED Form Due by September 16, 2016