



PHOTO/VIDEO RELEASE FORM

2020-2021

I Grant St. Cecilia School, its representatives and employees the right to take photographs/ videos of me and my child(ren) in print and/or electronically.

I agree that St. Cecilia School may use such photographs of me and my child(ren) with or without my name and for any lawful purpose, including for example such purposes as recruitment, print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

I have read and understand the above:

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME (Please Print): _____

STUDENT'S NAME: _____

PHONE NUMBER: _____

E-MAILS: _____

I do not give Permission to St. Cecilia School to use my child's photo and/or video for any purpose listed above:

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN NAME (Please Print): _____

STUDENT'S NAME: _____

PHONE NUMBER: _____

E-MAILS: _____