

ALL SAINTS CATHOLIC ACADEMY
PHOTO RELEASE FORM 2009-2010

Family Name _____

Student Name

Grade

Student Name

Grade

Student Name

Grade

Student Name

Grade

I, the parent/legal guardian of the above child/children, grant my expressed permission for All Saints Catholic Academy to exhibit photographs or likenesses of the above-named student/students.

Names will not be published except in the school yearbook and/or classroom end of the year publications.

(Please circle each line to indicate permission)

Yes No School publications (school news magazine, yearbook, principal's newsletter, etc.)

Yes No Yearbook (student picture and name)

Yes No Press/media releases (newspaper articles/features, fund raiser brochures, school profile, etc.)

Yes No All Saints Catholic Academy website, www.ascabayonne.org

Please be advised that this form will be valid for as long as your child/children is a student in All Saints Catholic Academy, unless we are otherwise informed in writing by a parent/guardian as to a change.

By signing this release, I acknowledge that I hereby release and forever discharge All Saints Catholic Academy and the Diocese of Newark and the trustees, officers, agents, and employees of the School and Diocese from and against any and all claims, damages or suits which may arise from the use of the school publications, press/media releases, or website, including, but not limited to, the exhibition of the above-named student's photograph or likeness or publication of the student's name.

Parent Signature _____ Date _____