

MEDIA RELEASE PERMISSION FORM

~ School Year 2018-2019 ~

I hereby agree and give my permission for the St. Michael Catholic Parish, School and/or the Diocese of Lincoln (the “School”) to record, film, photograph, audiotape or videotape my child’s name, image, likeness, spoken words, student work, performance and movement, in any form (hereinafter collectively referred to as “Works”), and to display, publish, distribute or exhibit these Works or any part thereof for the purpose of and in connection with any material that may be created by the Schools including, without limitation, for news publication, for posting on the world wide web (www), and/or for broadcasting on television.

By entering into this informed consent and release and granting the permission as stated herein, I also am releasing the St. Michael Catholic Parish, School and the Diocese and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims and/or causes of action arising out of or related to my son(s)/daughter(s) participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

**I have read this Informed Consent and Release and understand its terms.
I sign it voluntarily and with full knowledge of its significance.**

Child’s Name: _____ Grade: _____

Child’s Name: _____ Grade: _____

Child’s Name: _____ Grade: _____

Child’s Name: _____ Grade: _____

Child’s Name: _____ Grade: _____

Parent/Guardian’s Signature: _____

Parent/Guardian’s Name: (please print) _____

Date: _____

****** Below Statement is for REFUSAL Only ******

I have read this Informed Consent and Release and understand its terms. I do not, at this time, wish to have my son(s)/daughter(s) participation in any media events, including, without limitation, television broadcasts, promotional materials or website projects.

Parent/Guardian’s Signature: _____

Parent/Guardian’s Name: (please print) _____

Date: _____