

PHOTO AND NAME RELEASE AND AUTHORIZATION

I(We) the parent(s) and/or guardian(s) of my(our) minor child(ren)

<u>Child</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____

do hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my(our) child(ren) during his/her/their enrollment at Immaculate Heart of Mary School by an employee, agent, or representative of Immaculate Heart of Mary School or independent contractor.

This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of Immaculate Heart of Mary School and may be used by the administration Immaculate Heart of Mary School for **any purpose** determined at its discretion without further notice or any compensation to me or to my child(ren).

_____ **I DO GRANT PERMISSION**

_____	_____	_____
Parent/Guardian Signature	Address	Date
_____	_____	_____
Parent/Guardian Signature	Address	Date
_____	_____	_____
Minor Student	Address	Date
_____	_____	_____
Minor Student	Address	Date
_____	_____	_____
Minor Student	Address	Date
_____	_____	_____
Minor Student	Address	Date

OR

_____ **I DO NOT grant consent or authorize the release of my/our child(ren)s photographs and name(s) by Immaculate Heart of Mary School.**

_____	_____
Parent/Guardian Signature	Date