2021-2022

IMMACULATE HEART OF MARY SCHOOL
PHOTO AND NAME RELEASE AND AUTHORIZATION

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

Child's Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____

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 photograph proofs, photographic negatives, positives, and prints shall constitute the property of Immaculate Heart of Mary School and may be used by the administration of 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 further understand that by entering into this informed consent and release, and by granting permission as stated herein, I hereby release the School, the Catholic Diocese of Cleveland, the Bishop of the Catholic Diocese of Cleveland, and their respective officers, directors, agents, employees and/or attorneys from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented.

_____ I DO GRANT PERMISSION

Parent/Guardian Signature	Address	Date
Parent/Guardian Signature	Address	Date
Parent/Guardian Signature	Address	Date

_____ I DON'T 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	Address	Date
Parent/Guardian Signature	Address	Date
Parent/Guardian Signature	Address	Date