

PHOTO RELEASE AND AUTHORIZATION

I, (we) the parents and/or guardian(s) of my (our) minor child(ren) do hereby consent and authorize the release, publication dissemination, distribution, use, and/or reproduction of any and all photographs taken of my (our) son(s)/daughter(s) during his/her (their) enrollment at St. Gregory the Great School by any employee, agent, or representative of St. Gregory the Great School or independent contractor.

This release and Authorization acknowledges that all photographic proofs, photographic negatives, positives and prints shall constitute the property of St. Gregory the Great School and may be used by the school for any purpose determined at its discretion, including, but not limited to school publications, marketing and promotional materials, and on the school website without further notice or any compensation to me or to my (our) son(s)/daughter(s) (children).

\_\_\_\_\_  
Parent(s) and or Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Minor Student's Name      Grade      Room

\_\_\_\_\_  
Minor Student's Name      Grade      Room

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Minor Student's Name      Grade      Room

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Minor Student's Name      Grade      Room

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Minor Student's Name      Grade      Room

Witness \_\_\_\_\_ Date \_\_\_\_\_