MEDIA AUTHORIZATION AND RELEASE

Sacred Heart School, Staten Island

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children or children of whom I am the designated guardian	
Names of Children, Parent or Guardi	ian
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including, but not limited to, advertising reproduction, use and re-use of said	ght to edit, reproduce, use and reuse images for any and all purposes ng, promotion and display, and I hereby consent to the editing, images in any and all media in existence and all media yet in , video, print, television, internet, and podcasts.
child/children may have in any image hereby agree to release, indemnify a	insfer to School any right, title and interest that I and/or my es, including negatives, taken of me and/or my children by School. I nd hold harmless School from any and all claims, demands, actions o age or cost arising from this authorization.
Print Name	Name of Child/Children [if applicable]
Signature	Signature of Parent or Guardian
Date	
SIGNED F	Form Due by September 18, 2020

Return by September 18, 2020