



Public Release Form

I hereby grant permission, without reservation, to Our Lady of Wisdom Regional Catholic School and to the Diocese of Rockville Centre and DRVC Department of Education, and to those authorized by Our Lady of Wisdom Regional Catholic School, the Diocese of Rockville Centre and DRVC Department of Education, to take photographs and to make recordings of my child or children (names outlined below), and to use them in original or modified form in all media now or hereafter known, with or without name or information, solely for the promotion, public education, and/or fundraising activities of Our Lady of Wisdom Regional Catholic School. I understand and agree that I am entitled to receive no compensation for the above.

I release Our Lady of Wisdom Regional Catholic School, the Diocese of Rockville Centre, the DRVC Department of Education, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have, relating to the above. I further agree that Our Lady of Wisdom Regional Catholic School will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition.

I am the parent or guardian of the minor(s) named below, and I hereby consent to the foregoing on behalf of the minor(s) and myself.

Name(s) of Child/Children

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My name:

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(Signature)

Date: