



## Saint Rocco Parish School

*A Christ-centered community committed to excellence!*

3205 Fulton Road Cleveland, OH 44109  
(216) 961-8557 Fax (216) 961-1845

### MEDIA CONSENT AND RELEASE FORM 2020-2021

I (We) the parent(s) and/or guardian(s) of the minor child identified below hereby grant Saint Rocco School (“School”), which is operated by the Diocese of Cleveland (“Diocese”), and/or their agents consent to record (in writing, remotely or otherwise), photograph, audio tape, or videotape my minor child’s name, image, likeness, spoken words, schoolwork or school projects, in any form, regardless of whether my child is on or off school property (“Recordings”) and to display, release, exhibit, publish, or distribute the Recordings, or any part thereof, for any lawful School or Diocesan use or purpose including, without limitation, use on bulletin boards, websites, social media sites, print and electronic media, marketing publications, public relations and communications materials and/or presentations, and any other uses as may not be contemplated herein, without further notice or compensation as follows:

I consent.

I do not consent.

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 further understand that the Diocese, School and their respective officers, directors, agents, employees and/or attorneys have no control over use of photographs, videotapes, audiotapes, or other records made by others and/or outside the scope of this consent and release.

Finally, in signing below I acknowledge that all Recordings pursuant to this Release shall constitute the sole property of the Diocese of Cleveland and the School.

\_\_\_\_\_  
Name of Minor Student (please print)

\_\_\_\_\_  
Signature of Parent(s) or Legal Guardian(s)

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

Residing at: \_\_\_\_\_

