



MEDIA RELEASE FORM

SY: _____

I hereby irrevocably grant to Holy Family Academy the right to record the image and/or voice and use the artwork and/or written work of my child on videotape, film, in photographs, digital media, and in any other form of electronic or print medium and to edit such recording at their discretion.

I further grant Holy Family Academy the right to use my child's image and/or voice with or without their first name on the internet, in brochures, and in any other medium and hereby consent to such use. I hereby release Holy Family Academy from all claims, damages, demands, costs, expenses, and liabilities whatsoever in connection with the above.

I understand that I may decline my consent (by checking the correct line below) and still continue to participate in all Holy Family Academy activities without being disadvantaged with respect to those activities.

Student Name (s):

Grade:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ I agree and accept the above conditions.

_____ I agree for yearbook only.

_____ I do NOT agree with the above conditions.

Parent Signature: _____ Date: _____