



## AUTHORIZATION FOR MEDIA RELEASE

\_\_\_\_\_  
Student name

\_\_\_\_\_  
Date

There are times during the school year when the news media, community organizations, school related organizations, or school personnel may ask to interview, photograph, and/or videotape our students.

Throughout the year various activities or programs may be videotaped and aired on our local television station. A newspaper may ask to take pictures and interview students of our school about school related news. If we are partnering with an organization (Defiance College, Glenn Park, iHeart radio, etc.) they may take pictures of the activity and want to share on their network media. There may also be times when pictures or videos of students' school activities will be posted on the school's web page.

By signing the acceptance below you are granting Holy Cross Catholic School of Defiance the right to use, copyright, publish and incorporate photographs or video footage taken of your child as a result of his/her participation in approved activities of the school through various methods of the media without reservation or compensation.

This authorization will remain in effect indefinitely unless otherwise revoked by the undersigned. I understand that I have the right to revoke this authorization at any time by submitting a written request to the school principal. This revocation will be effective, except to those actions already taken in reliance on my authorization.

I have read this form and fully understand the contents, meaning, and reason for this release.

AGREED TO AND ACCEPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian

I hereby revoke this authorization effective as of

\_\_\_\_\_