

## AUTHORIZATION FOR MEDIA RELEASE



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

Date \_\_\_\_\_

There are times during the school year when news media, community organizations, school-related organizations, or school personnel may interview, photograph, and/or videotape students. This may include, but is not limited to, local newspapers, school newsletters, honor roll publications, school and affiliate websites, social media platforms, YouTube videos (including News@9, concerts, performances, and special events), and other broadcast or digital media produced or shared by Holy Cross Catholic School or any school affiliate.

By signing this authorization, you grant Holy Cross Catholic School of Defiance the right to use, publish, copyright, and incorporate photographs, video footage, audio recordings, and student work of your child taken as a result of his/her participation in approved school activities, without reservation or compensation.

### Media Participation Policy - All In or All Out

Participation in school-related media is an all-in or all-out policy.

If you choose not to sign this media release, your student will not be included in any media that is shared publicly. This includes, but is not limited to:

- Newspaper articles and photographs (including honor roll recognition)
- YouTube videos (including News @ 9, Christmas Concerts, and other school programs)
- School or classroom social media posts (including class videos)
- Any broadcasted, photographed, or recorded event by Holy Cross Catholic School or any school affiliate

Students without a signed media release may be excluded from activities that will be used for media opportunities.

This authorization will remain in effect indefinitely unless otherwise revoked by the undersigned. I understand that I may revoke this authorization at any time by submitting a written request to the school principal. Such revocation will be effective except for actions already taken in reliance upon this authorization.

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I have read this form and fully understand its 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 \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

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