

## PHOTO RELEASE AND AUTHORIZATION

I (We) the parent(s) and/or guardian(s) of my (our) minor child \_\_\_\_\_, age \_\_\_\_\_, do hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my (our) daughter/son during her/his enrollment at \_\_\_\_\_ School by an employee, agent or representative of The Diocese of Cleveland/Office of Catholic Education or independent contractor.

This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, and prints shall constitute the property of The Diocese of Cleveland/Office of Catholic Education and may be used by The Diocese of Cleveland/Office of Catholic Education for any purpose determined at its discretion, including but not limited to development/fundraising and promotional publications, without further notice or any compensation to me or to my daughter/son.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent(s) and or Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor Student

\_\_\_\_\_  
Date

Residing at:

\_\_\_\_\_

\_\_\_\_\_

Residing at:

\_\_\_\_\_

\_\_\_\_\_