

**PHOTO CONSENT AND RELEASE OF LIABILITY
FOR USE OF MINOR'S LIKENESS AND OTHER INFORMATION**

I (We) the parent(s) and/or guardian(s) hereby grant consent for St. Gabriel Parish, and/or its agents to record (in writing or otherwise), photograph, audiotape, or videotape my minor child's name, image, likeness, spoken words, student work, and/or performance, in any form, and to display, release, exhibit, publish, or distribute the same, or any part thereof, for the purpose of and in connection with any material that may be created by or on behalf of the Parish, including the Parish's school, including, without limitation, Parish bulletin boards; school yearbooks; the Parish's or parish's school website; print and electronic media; Parish and Parish school marketing, public relations and communications materials and/or presentations; and such other uses as may not be contemplated herein, without further notice or compensation as follows:

- I consent to all of the above.
- I consent to all of the above, *except* _____
_____.
- I consent to only the following: _____
_____.
- I do not consent to any of the above.

I further understand that by entering into this informed consent and release, and by granting permission as stated herein, I hereby release the Parish, the Parish School, the Diocese of Cleveland, and their respective officers, directors, agents and/or employees 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 Parish and its respective officers, directors, agents and/or employees 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, audiotape, videotape, photographic proofs, photographic negatives, positives, and prints shall constitute the property of the Parish.

Name of Minor Student (please print)

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

Printed Name of Parent or Legal Guardian

Date

Residing at:

OVER PLEASE