

MEDIA RELEASE FORM

Sacred Heart Academy School/Parish will not photograph, videotape and/or voicetape individuals in its programs without consent. This form allows you to give permission for your child/children to be photographed, videotaped and/or voicetaped by school personnel and/or area news reporters. Photographs, videotapes and/or voicetapes, when consented to, will only be used for the promotion of Sacred Heart Academy School/Parish Programs, including school website. (Please check appropriate)

- I, _____, hereby give permission for the personnel of *Sacred Heart Academy School/Parish* to photograph, videotape and/or voicetape my child/children (or allow area news reporters to do the same).

- I _____, hereby **DO NOT** give permission for the personnel of *Sacred Heart Academy School/Parish* to photograph, videotape and/or voicetape my child/children (or allow area news reporters to do the same).

This consent must be re-examined and signed each year.

Parent/Guardian Signature: _____

Student Name(s): _____

Date: _____