

**Department of Catholic Schools
Diocese of Wheeling-Charleston**

Photo Release Form

I, the parent or guardian of _____ (child's name)
release and assign to _____ (School name) and the Diocese of
Wheeling-Charleston all rights to the video, sound recordings, and/or
photographs made of my child.

I authorize reproductions, sales, copyright, exhibition, broadcast and/or
distribution of said video, sound recordings, and/or photographs without limitation
for general religious and promotional purposes of the Diocese of Wheeling-
Charleston.

I release, individually, on behalf of my minor child, the Diocese of
Wheeling-Charleston, its agents and employees from any and all claims,
damages, liabilities, costs and expenses which I now have or may hereafter have
arising out of the making or use of such video, sound recordings, and/or
photographs.

I understand that I may withdraw this authorization in writing at any time. I
further understand that refusing to grant this consent will in no way affect the
scholastic or extracurricular services my child receives.

____ I grant the permission outlined in this Photo Release Form.

____ I refuse the permission outlined in this Photo Release Form.

Parent or guardian printed name _____

Parent or guardian signature _____

Date _____