



PHOTO RELEASE AND AUTHORIZATION

Form must be received by Friday, August 16, 2019.

****Access to Digital Academy will be blocked until form is received.***

I(We) the parent(s) and/or guardian(s) of my/our minor children, do hereby consent and authorize the release, publication, dissemination, distribution, use and/or reproduction of any and all photographs and videos taken of my/our child(ren) during their enrollment at Saint Ambrose Catholic School by an employee, agent or representative of Saint Ambrose Catholic School or independent contractor.

This Release and Authorization acknowledges that all photographic proofs, photographic negatives, positives, prints and videos shall constitute the property of Saint Ambrose Catholic School and may be used by Saint Ambrose Catholic School for any purpose determined at its discretion, without further notice or any compensation to me or to my/our child(ren).

Family Last Name (Please Print)

Child's Name: _____ Rm: _____ Grade: _____

Child's Name: _____ Rm: _____ Grade: _____

Child's Name: _____ Rm: _____ Grade: _____

Child's Name: _____ Rm: _____ Grade: _____

Child's Name: _____ Rm: _____ Grade: _____

Child's Name: _____ Rm: _____ Grade: _____

Address

Parent/Guardian Signature

Date

Address

_____ **No, I do not wish to have my child(ren)'s photo used in any public forum.**