St. Vivian School

885 Denier Place Cincinnati, OH 45224 (513)522-6858

Media Release Form

Throughout the school year, St. Vivian School will be involved in various media releases regarding student achievement, school events, public relations campaign, fund raisers, publications, etc. Your signature indicates your consent for your child's photograph, and/or name and/or participation in video/audio productions to be included in press releases and/or media productions.

This form shall be kept for the current school year. This form will provide all the necessary permission regarding your child. By signing this form, the parent(s) and/or guardian is giving consent for their child/ren to participate in all scheduled activities or programs and be photographed and/or named or interviewed for editorial purposes.

I _____agree that St. Vivian School may use my child's portrait or photograph for editorial purposes, and hereby release St. Vivian School and the Archdiocese of Cincinnati and its agents from any liability resulting from such use.

I have carefully read this statement, and my signature acknowledges that I fully understand its content and meaning.

_____

Signature of Parent or Guardian Date

Student Name _____ **Grade** _____

_____ **Grade** _____

_____ **Grade** _____

_____ **Grade** _____