

PHOTO RELEASE AND AUTHORIZATION

I (We) the parent(s) and/or guardian(s) of my (our) minor child _____,
age _____, do hereby consent and authorize the release, publication, dissemination,
distribution, use, and/or reproduction of any and all photographs taken of my (our) daughter/son during
her/his enrollment at _____ School by an employee, agent or representative of
The Diocese of Cleveland/Office of Catholic Education or independent contractor.

This Release and Authorization acknowledges that all photographic proofs, photographic negatives,
positives, and prints shall constitute the property of The Diocese of Cleveland/Office of Catholic
Education and may be used by The Diocese of Cleveland/Office of Catholic Education for any purpose
determined at its discretion, including but not limited to development/fundraising and promotional
publications, without further notice or any compensation to me or to my daughter/son.

Witness

Date

Parent(s) and or Guardian(s)

Date

Minor Student

Date

Residing at: _____

Residing at: _____