

MEDIA CONSENT FORM

As a student of St. Romuald Interparochial School, I understand that I might be photographed or videotaped while participating in school activities. I also understand that my name and/or picture may be released in school publications.

STUDENT SIGNATURE _____ Date _____

As of the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter's name, or school related information to be used on the Internet (we will use first names only on the internet~ no photos.)

PARENT SIGNATURE _____ Date _____

As the parent or legal guardian of the minor student signing above, I grant permission to use pictures and/or video recorded images of my child and my child's name in the local newspaper, diocesan publications, the school newspaper, and/or any other school publications.

PARENT SIGNATURE _____ Date _____