

PHOTO RELEASE FORM

I grant permission for Saint Rose School to use my son or daughter's picture, voice and physical surroundings without restriction for the purposes of use in school projects, in print, projection, internet web site, social media, video or any future media.

I expressly release Saint Rose School, Saint Rose Parish and the Diocese of Toledo, or representatives or any institution transmitting, or exhibiting my son or daughter's picture or voice from any claims arising from such use or distribution.

I agree to be fully responsible for my child's participation and hold Saint Rose School, Saint Rose Parish and the Diocese of Toledo, or their representatives, harmless from any liability or loss of expense arising from this use and I consent to the use of his/her voice, picture, and other material for promotional, publicity, or organizational purposes.

Student Name: _____

Parent Name: _____

Sign: _____

Address: _____

Phone: _____ **Date:** _____

Saint Rose School

217 East Front Street

Perrysburgh, Ohio 43551