



MEDIA RELEASE AND AUTHORIZATION FORM

SETON CATHOLIC SCHOOL RELEASE AND AUTHORIZATION. I HEREBY GIVE MY CONSENT TO LET MY CHILD/CHILDREN BE PHOTOGRAPHED OR VIDEOTAPED BY Seton Catholic School. I understand that by signing this Release and Authorization I grant authority to Seton Catholic School for the creation and use of any video tapes, photographs, or similar items in which my child/children might appear, or statements made by them, in the production, display, or sale of public service announcement for the purpose of publicity or advertisement in newspapers or other media. I also hereby release Seton Catholic School from any claims that may be made by me based upon the school's use of this material.

Agree Disagree

Parent/Guardian Name

Student's Name

Parent/Guardian Signature

Date

(Please type your first and last name if submitting electronically)

I understand that by checking this box, I acknowledge and agree to the terms in the MEDIA RELEASE AND AUTHORIZATION.

Email completed form to llahey@seton.pvt.k12.ia.us or print and return to: 7597 Burds RD, Peosta, IA 52068.