MEDIA AUTHORIZATION AND RELEASE

(This form is not required to be returned if it was completed as part of an online application process.)

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children or children of whom I am the designated guardian.	
Names of Children, Parent/Guardian	
	ese of New York and/or the Catholic School Region and their ors, members, officers, employees, volunteers, agents, and
I hereby grant to School the right to edit, reproduce, use, and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, internet, and podcasts.	
child/children may have in any images, incl	er to School any right, title, and interest that I and/or my luding negatives, taken of me and/or my children by School. I d harmless School from any and all claims, demands, actions, or cost arising from this authorization.
Print Name	Name of Child/Children [if applicable]
Signature of Pare	ent/Guardian
 Date	