DIOCESE OF GRAND RAPIDS
360 Division Avenue S
Grand Rapids, MI 49503-4501

MEDIA RELATIONS/PROMOTIONS RELEASE FORM

STUDENT NAMES: _____

ADDRESS: _____
Street City State Zip

PHONE: _____GRADE & HOMEROOM_____

RELEASE

IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

I (we) give my (our) permission to **All Saints Academy** to use my name (or my child's name), city and state, and/or photograph, videotape, Web site photos, or any likeness for publicity or other purposes in any media, and further, give permission to the use of statements made by or attributed to me (or my child) relating to the Catholic Diocese of Grand Rapids for promotional or other purposes and grant to **All Saints Academy** any and all rights to said use, including the right to seek copyright protection, without further compensation. It is my (our) understanding that my signature below releases the Catholic Diocese of Grand Rapids from any financial or legal responsibility for the use of this media relations/promotional or other material(s). As the Catholic Diocese of Grand Rapids proposes to act upon this release forthwith, I declare this consent to be irrevocable and release and discharge the Catholic Diocese of Grand Rapids from any and all claims whatsoever in connection with use and reproduction of such usage. This release shall insure to the benefit of the legal representatives, officers, directors and employees, and assigns of the Catholic Diocese of Grand Rapids. I desire that my name and/or likeness (or the name and/or likeness of my child) be considered for possible use by the Catholic Diocese of Grand Rapids for publicity and other purposes and agree that the possible use of my name and/or likeness (or the name and/or likeness of my child) is adequate consideration supporting this release. I recognize that there is no guarantee that my name and/or likeness (or the name and/or likeness of my child) will be selected for use for any purpose.

Signed: _____ Signed: _____
Permission Granted Permission Granted

Signed: _____ Signed: _____
Permission NOT Granted Permission NOT Granted

Date: _____ Date: _____

NOTE: If person giving permission is a parent or guardian, please state relationship to student: _____

Witness: _____ Date: _____

All release forms MUST be returned to the administration office of All Saints Academy.