

Media Release Form

Catholic Archdiocese of Atlanta
ST. LAWRENCE CATHOLIC CHURCH

I hereby grant permission for _____
Student's Entire Name

to be photographed and/or interviewed for St. Lawrence Catholic Church or other print, radio, television or electronic media. I understand photographs or quotations may be reprinted in St. Lawrence Catholic Church or other media, including but not limited to television, radio, newspapers and the Internet, for public dissemination. I release and relieve St. Lawrence Catholic Church and the Archdiocese of Atlanta from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interviews in any news or other media.

I waive any and all rights to inspect or approve the finished photographs or printed matter that may be used in conjunction with any photograph, or to approve the eventual use for which it may be applied.

I also understand that the photography or interview is being done with the knowledge and approval of St. Lawrence Catholic Church, and that a signed release form is on file for every individual who is photographed or interviewed by the media.

Parent/guardian's Name (print or type)

Parent/guardian's Signature

Witness

Date