

SJN Form #5

FIRST INITIAL OF LAST NAME _____

MEDIA RELEASE FORM

THE CATHOLIC ARCHDIOCESE OF ATLANTA
2401 Lake Park Drive, SE Smyrna, GA 30080

I hereby grant permission for _____
Student's Entire Name

to be photographed and/or interviewed for *The Georgia Bulletin*, *The Atlanta Journal-Constitution*, *The Gauntlet* or other print, radio, television or electronic media. I understand photographs or quotations may be reprinted in *The Georgia Bulletin* or other media, including but not limited to television, radio, newspapers, magazines and the Internet, for public dissemination. I release and relieve **St. John Neumann Regional Catholic School** 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. John Neumann Regional Catholic School**, and that a signed release form is on file for every individual who is photographed or interviewed by the media.

I further give approval for my child to appear in any CD/DVD that is produced by the school or its representatives that may be distributed to either parents or the general public community.

At anytime during the course of my child's enrollment at **St. John Neumann Regional Catholic School**, I may submit in writing to the Principal my request to rescind this approval.

Parent (or Guardian) Name (Print or Type)

Parent (or Guardian) Signature

Date