



CONSENT TO PHOTOGRAPH, FILM, VIDEOTAPE, AND AUDIO RECORD 2015-2016 SCHOOL YEAR

Student Name: _____ **Student ID #:** _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies, video recordings and audio recordings of the student named above by Bishop Kearney High School.

I also grant Bishop Kearney High School the right to edit, use, and reuse said products for public relations and educational purposes (e.g., public relations materials; professional development), including use in print, on the Internet, and all other forms of media. I also hereby release Bishop Kearney High School and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian: _____

Date: _____

PRINT Parent/Guardian Name: _____

Address of Parent/Guardian: _____

Phone Number of Parent/Guardian: _____

Email Address of Parent/Guardian: _____