



25 DARTMOUTH STREET • GARDEN CITY, NEW YORK 11530 • TEL: 516-352-1205 • FAX: 516-352-5969

### Media Permission and Release

I/We hereby grant permission, without reservation, to St. Anne's Elementary School, and to those authorized by St. Anne's Elementary School, to take photographs and to make recordings of my child or children enrolled in St. Anne's Elementary School, and to use them in original or modified form in all media now or hereafter known, with or without name or information, solely for the promotion, public education, and/or fundraising activities of St. Anne's Elementary School. From time-to-time, the school may wish to publish examples of student projects, photographs of students, and other work on an Internet accessible World Wide Web server. I/We understand and agree that I/We am/are entitled to receive no compensation for the above.

I/We release St. Anne's Elementary School, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I/We now have or in the future may have, relating to the above. I/We further agree that St. Anne's Elementary School will be the sole owner of all tangible and intangible rights in the above mentioned photographs and recordings, with full power of disposition. I am the parent or guardian of the minor(s) named below, and I hereby consent to the foregoing on behalf of the minor(s) and myself.

Student Name \_\_\_\_\_

Homeroom \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_