



ST. GABRIEL S C H O O L

BEING CHRIST · EVERY DAY · EVERYWHERE

9935 JOHNNYCAKE RIDGE ROAD
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ST. GABRIEL SCHOOL PHOTO RELEASE FORM PLEASE COMPLETE "ONE" FORM PER FAMILY CONSENT AND RELEASE OF LIABILITY FOR USE OF MINOR'S LIKENESS AND OTHER INFORMATION

I (We) the parent(s) and/or guardian(s) hereby grant consent for St. Gabriel School, and/or its agents to record (in writing or otherwise), photograph, audiotape, or videotape the name, image, likeness, spoken words, student work, and/or performance of my minor child/children listed below, in any form, and to display, release, exhibit, publish, or distribute the same, or any part thereof, for the purpose of and in connection with any material that may be created by or on behalf of St. Gabriel School including, without limitation, school marketing, public relations and communications materials and/or presentations; and such other uses as may not be contemplated herein, without further notice or compensation as follows:

- I CONSENT TO ALL OF THE ABOVE
- I DO NOT CONSENT TO ANY OF THE ABOVE

I further understand that by entering into this informed consent and release, and by granting permission as stated herein, I hereby release the Parish, the Parish School, the Diocese of Cleveland, and their respective officers, directors, agents and/or employees from and against any and all liability, loss, damage, costs, claims, and/or causes of action arising out of or related to the above items to which I have consented.

I further understand that St. Gabriel School and its respective officers, directors, agents and/or employees have no control over use of photographs, videotapes, audiotapes, or other records made by others and/or outside the scope of this consent and release.

Finally, in signing below I acknowledge that all recordings, audiotape, videotape, photographic proofs, photographic negatives, positives, and prints shall constitute the property of St. Gabriel School.

PRINT MINOR STUDENT(S) NAME BELOW:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature of Parent / Legal Guardian: _____

Printed Name of Parent / Legal Guardian: _____

Resides at: _____

Date: _____