



VisitationCatholic
STEM ACADEMY

Photograph / Video / Sound Release Form

I hereby give _____ permission to use the photograph/video/sound of the
(Visitation Catholic STEM Academy)
minor(s) or myself listed below for their publicity, promotion, news releases, videos, and web use. This may also apply to the written composition or visual art of the minor, or myself if published.

_____ agrees that the students' name, picture, art, written work,
(Visitation Catholic STEM Academy)
voice, photograph, video or verbal statements shall only be used for public relations, public information, publicity and/or instruction. The school further agrees that students will not be identified by personal details other than first name. These details include email or postal addresses, telephone or fax numbers.

Pictures of one to three students are permitted as long as an appropriate release form has been signed by the parent/guardian of each individual shown in the picture. Pictures of four or more students are permitted without a release form and will be printed without first and last names.

No monetary consideration shall be paid. Consent and release have been given without coercion or duress. The photo, video or student statements may be used in subsequent years.

If the Student and/or Parent/Guardian wish to rescind this agreement, they may do so at any time with written notice. Visitation Catholic STEM Academy has no control of media use of pictures/statements which are taken without our permission.

Students Name(s): _____
Please Print

Parent/Guardian: _____ (Print) _____ (Signature)

Effective Date: _____

I **do not** give permission to publish the image or work of my child(ren) or myself.

Parent/Staff Signature: _____ Date: _____