

PHOTO/VIDEO RELEASE FORM

MANHATTAN CATHOLIC SCHOOLS,
CHILD CARE AND AFTER SCHOOL PROGRAMS
306 S JULIETTE AVE
MANHATTAN, KS 66503

Student(s): _____

As a parent or guardian of this/these student(s), I hereby consent to the use of photographs/videotape taken during the 2019-2020 school year for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

_____ Yes, I give consent.

_____ No, I do not give consent.

Parent Signature: _____

Date: _____