

**AUTHORIZATION FOR THE STUDENT
TO HAVE HIS/HER PHOTO TAKEN & USED**

This Authorization is given to Our Lady of Perpetual Help School (the School) to have your child's photo/picture(s), if selected, for usage in the media, magazine, periodicals, etc. The Authorization must be completed by the student's parent(s) or guardian(s).

Name of Student _____ Grade _____

Home Address _____

Telephone: Home _____ Cellular: _____ Work _____

Date & Time of Photography:

Picture-taking activities sponsored by Our Lady of Perpetual Help School
during the **2012-2013 School Year**

I am/We are the parent(s)/guardian(s) of the student named above. By signing below, I/We:

- (a) Give permission for the student to participate in the picture-taking activities sponsored by Our Lady of Perpetual Help School;
- (b) Give permission for Our Lady of Perpetual Help School to use the picture(s), if selected, for usage in the media, magazine, periodicals, etc.
- (c) Release the School and its agents and employees from any and all liability to us and to the student for any injury, damage or loss that occurs because of the student's participation in the activities, unless the injury, damage or loss is caused by the gross negligence or willful misconduct of the School or its agents and employees.

AUTHORIZATION:

Print or type Mother's/Guardian's name	Mother's/Guardian's signature	Date
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Print or type Father's/Guardian's name	Father's/Guardian's signature	Date
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“Educating for Life!”