



St. Anthony of Padua Parish Catholic School and Pre-School 2025-2026 Media Consent & Release Form

I (We) the parent(s) and/or guardian(s) of the minor child identified below hereby grant St. Anthony of Padua Parish Catholic School & Pre-School ("Parish") and/or its agents consent to record (in writing or otherwise), photograph, audiotape, or videotape my minor child's name, image, likeness, spoken words, schoolwork or school projects, in any form, and to display, release, exhibit, publish, or distribute the same, or any part thereof, for any lawful school or Parish use or purpose including, without limitation, use on the Parish's or school's bulletin boards, websites, social media sites, print and electronic media, marketing publications, public relations and communications materials and/or presentations, and any other uses as may not be contemplated herein, without further notice or compensation as follows:

☐ I consent. ☐ I do not consent.

I further understand that by entering into this informed consent and release, and by granting permission as stated herein, I hereby release the Parish (including the school), the Diocese of Cleveland, the Bishop of Cleveland, and their respective officers, directors, agents, employees and/or attorneys 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 the Parish and its respective officers, directors, agents, employees and/or attorneys 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 created pursuant to this Release shall constitute the sole property of the Parish.

Name of Minor Student (please print)

Signature of Parent(s) or Legal Guardian(s)

Address

Printed Name of Parent or Legal Guardian

Phone Number

Date

By typing my name above, which shall constitute my electronic signature, I acknowledge that I am the parent or legal guardian of the Child(ren) named in this registration and have the authority to sign this document and act on his/her or their behalf. I agree that my electronic signature is intended to authenticate this writing and to have the same force and effect as my manual signature.