

PHOTO RELEASE

I authorize **NOTRE DAME ACADEMY**, of the Catholic Diocese of San Diego, its representatives, and/or volunteers to photograph my child / children:

STUDENT(S) NAME: _____	GRADE LEVEL: _____
_____	_____
_____	_____
_____	_____

for purposes of marketing and / or promoting the interests of Catholic School Education, and Notre Dame Academy, including its use in any printed materials and in any other visual display or media. I understand that such photos, if used for school related purposes, including photo contests, will not be used for any commercial purpose whatsoever. I hereby waive any kind and all rights I, or my child, may have for remuneration of any kind which could accrue for the use of such photos.

*Signature of Father: _____	Date: _____
*Signature of Mother: _____	Date: _____
*Signature of Guardian: _____	Date: _____

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I do not give my permission for my child's picture to be used for publicity or publications.

*Signature of Father: _____	Date: _____
*Signature of Mother: _____	Date: _____
*Signature of Guardian: _____	Date: _____

***This release is to remain in effect for your family for all years of attendance unless written notification is received by Notre Dame Academy.**