

## MEDIA RELEASE FORM

Archdiocese of Galveston-Houston, 1700 San Jacinto, Houston, Texas 77002

I hereby grant permission to \_\_\_\_\_ School, to allow my child, \_\_\_\_\_ to be photographed/interviewed.

It is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases \_\_\_\_\_ School, and the Archdiocese of Galveston-Houston from any future claims as well as from any liability arising from the use of said photograph/interview.

Name of Child: \_\_\_\_\_  
(Please print or type)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_