

PHOTO RELEASE AND AUTHORIZATION

I (We) the parent(s) of my (our) child _____, age _____, do hereby consent and authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my (our) daughter / son during her/his enrollment at John Paul II Academy by an employee, agent, or representative of The Diocese of Cleveland / Office of Catholic Education or independent contractor.

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Witness

Parent(s) and/or Guardian(s)

Date

Date

Minor Student

Date

Residing at: _____

Residing at: _____

