



Media Release Form

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

I hereby grant permission to the Development Department/Catholic Schools Office to photograph/film my child _____.
(Student's name)

It is my understanding that this photographic/digital representation or portions thereof will be used for public view.

I agree to participate/ allow my child to participate in this project without financial remuneration, and I understand that this releases the Development Department/ Catholic Schools Office of the Archdiocese of Galveston-Houston and the Archdiocese of Galveston-Houston from any future claims as well as from any liability arising from the use of said photograph/media usage.

Name of individual/student _____

Address _____

City, State, Zip _____

Signature/ parent/guardian for minor _____

TX Drivers License # _____

Date _____