

**St. Mary School
106 Jackson Street, P.O. Box 780
Fishkill, NY 12524**

**Media Authorization and Release
2016-2017 School Year**

I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children or children of whom I am the designated guardian by the Department of Education, Archdiocese of New York and/or the Catholic School Region and their parents, affiliates, trustees, directors, members, officers, volunteers, agents and contractors (the "School").

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I forever grant, assign and transfer to School any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by School. I hereby agree to release, indemnify and hold harmless School from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.

Parent's/Guardian's Name _____
(please print)

Name(s) of Child(ren) _____

Signature of Parent/Guardian _____

Date _____