



Photo Release Form

Student Name: _____ **Graduation Year:** _____

Throughout the school year, students may be highlighted in efforts to promote the school's activities and achievements. For example, students may be featured in materials to train teachers and/or increase public awareness of our school through newspapers, radio, TV, the web, displays, print materials, and other types of media.

I hereby give Holy Trinity High School and its employees, representatives, affiliates and authorized media organizations permission to print, photograph, and record my child for use in audio, video, film, or any other electronic, digital and printed media. I agree that Holy Trinity High School may use such photographs/videos of me with or without my name and for any lawful purpose.

I further release and relieve Holy Trinity High School, its Board of Trustees, employees, affiliates and other representatives from any liabilities, known or unknown, arising out of the use of this material. I do this with full knowledge and consent and waive all claims for compensation for use or for damages.

I have read and understand the above and hereby consent.

Student Signature (if age 18+): _____ **Date:** _____

As a parent or guardian of this student, I have read and understand the above and hereby consent.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____

"TRUE EDUCATION IS THE FORMATION OF THE HEARTS AND TRANSFORMING OF VALUES IN PEOPLE." – BLESSED BASIL MOREAU