**PHOTO RELEASE FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on my behalf and on behalf of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , do hereby consent to the use of designated photographs and/or recordings for the Sisters of Notre Dame de Namur (“SND”) publications. I have been informed and understand that my, and/or my child's name, photograph, likeness, image, and/or appearance (collectively “my photographs”) may be used in whole or in part in SND publications including its internet website.

By signing below, I am granting SND, its successors, affiliates, and/ or assignees the continuing right, in its sole discretion, to publish worldwide, without restrictions, on its Internet website, and to broadcast, copyright, exhibit, market and/or otherwise distribute, in whole or in part, these images in any media including, but not limited to, print, digital images and recordings, slides and photographs. The foregoing right includes, without limitation, the right to edit, mix or duplicate and to use now or at a future date any of my photographs as SND may select.

I hereby release, discharge and agree to hold harmless SND, its representatives, employees or any person or entity acting under its permission or authority, or any person or entity for whom it might be acting, including any firm producing, publishing and/or distributing the my photographs, in whole or in part, from and against any liability as a result of such use.

I acknowledge that there will be no monetary compensation for having published my photographs.

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND FULLY UNDERSTANDS ALL OF THE FOREGOING.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_