



# DIVINE WISDOM CATHOLIC ACADEMY

Michael A. LaForgia  
Supervising Principal

## CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE

2016-2017 School Year

I hereby give consent for my child: \_\_\_\_\_ to participate in interviews, the use of quotes, and the taking of photographs, movies or video tapes by **Divine Wisdom Catholic Academy**.

I also give my permission to allow **Divine Wisdom Catholic Academy** the right to edit, use, and reuse said products for non-profit purposes including use in print, on a password protected school website, and all other forms of media.

I hereby release **Divine Wisdom Catholic Academy** and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Student Name: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_