



DIVINE WISDOM CATHOLIC ACADEMY

Miriam Bonici
Margret McGlynn
Principal

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

2017-2018 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: _____