



*Our Lady of the Angels
Catholic School*

**Picture Consent and Waiver
Web Page/Electronic Media/Newspaper**

I hereby consent to having my child's
Name of child/children

_____ Grade _____
_____ Grade _____
_____ Grade _____
_____ Grade _____

picture appear on/in Web Page/Electronic Media/Newspaper for Our Lady of the Angels Catholic School. I understand his/her picture will be on display in accordance with the above mentioned activity.

- I further acknowledge that my child's name
MAY _____ or MAY NOT _____
be used in connection with his/her picture.

I hereby agree on behalf of the above named student and with the agreement of his/her other parent or legal guardian to waive any claims against this school, the Diocese of Harrisburg (and any diocesan or school officers, agents or employees) which may arise from the use of said picture/pictures of Our Lady of the Angels Catholic School student/students in the above described event.

If at any time, I want my child's photograph to be removed from the official Our Lady of the Angels Catholic School website/electronic media, I knowlege that it is my responsibility to inform in writing the Principal of this decision.

Name of Student (please print) _____

Signature of Parent/Guardian _____ Date _____

Please return on Sunday Aug 27th