

1975 Daytona Drive, Lake Havasu City, Arizona 86403
"Forming courageous Catholics in the virtues of Christ..."
Ms. Fatima Mu, Principal



928-855-0154 Fax 928-855-7172
Fr. Anthony Okolo, C.S.Sp., V.F.
Parochial Administrator

PUBLICITY RELEASE 2023-2024

I, _____ (print full legal name of parent or legal guardian), on behalf of and as the parent or legal guardian of the following child, who is under eighteen (18) years of age, _____ (print full legal name of minor), hereby authorize Our Lady of the Lake Roman Catholic Church School to take, use and/or reproduce photographs and likeness of Minor during and in connection with the Minor's attendance at and involvement with the School for the purposes relating to the School's marketing and training efforts, which include but are not limited to, brochures and social media websites.

This release applies to any photographs that are included or published in connection with School activities, including but not limited to individual student portraits, School athletic teams or programs, honors awards and academic distinction, School concerts and theatrical presentations, student council events, science fair activities and School extracurricular clubs. I understand that this list is meant to be exemplary and not inclusive, and it relates to any School activity that may be featured in the School marketing and training efforts.

I understand and agree that neither the Minor nor his or her parents, legal representatives, agents or heirs will be provided any financial or other compensation by the School for the use of his/her photograph or likeness.

I hereby release and discharge the School, and its respective officers, employees and agents, as well as the Roman Catholic Church of the Diocese of Phoenix, from and against any and all claims and liabilities arising out of or resulting from the publication of the Minor's photograph.

Parent/Guardian Consent

Student Name: _____ Grade: _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and do consent to the terms and conditions of this Release.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/ Guardian Address: _____

Parent/Guardian Phone: _____ Email: _____

Parent/Guardian Decline Consent

I **Decline** to have my child in any photography/photos/videos. Student Name: _____

Parent/Guardian Signature: _____ Date: _____