



**MEDIA RELATIONS/PROMOTIONS
RELEASE FORM
Saint Thomas the Apostle Catholic School
2021-2022**

DIOCESE OF GRAND RAPIDS
360 Division Avenue S
Grand Rapids, MI 49503-4501

Family Last Name _____

Student Name _____ Grade in *Fall 2021* _____

Student Name _____ Grade in *Fall 2021* _____

Student Name _____ Grade in *Fall 2021* _____

Student Name _____ Grade in *Fall 2021* _____

Student Name _____ Grade in *Fall 2021* _____

***IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE,
PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.***

I/we give my/our permission to Saint Thomas the Apostle School of Grand Rapids, Michigan, (the School) and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child's name, city and state, and/or audio, video(s), photo(s), and/or any other likeness and to use statements made by or attributed to me or my child relating to the School, without compensation, for web, social media, publicity or similar promotions for the School. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. I/we agree that my/our signature(s) below releases any and all claims against the School, or its associated entities related to or arising out of the School's use of the stated items as media relations/promotional material(s).

Permission Given

Permission NOT Given

Signed: _____
Signature

_____ Date

Relationship to student(s): _____