

**SACRED HEART ATHLETIC ASSOCIATION
STUDENT PHOTO AND VIDEO RELEASE FORM**

I, the undersigned, do hereby consent and agree to photographs, videotapes, or digital recordings of my child, _____, that may appear on Sacred Heart Athletic Association's webpage, and/or over the Diocese of Harrisburg's Wide Area Network (WAN) through the use of web cameras and/or video conferencing units during the 2015-2016 school year.

(Child's Name)

I understand that my child's picture will be on display for the reason of athletics. I further acknowledge my child's name may/may not be used in connection with his/her picture, videotape, and/or digital recording.

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 the Sacred Heart Athletic Association, the Diocese of Harrisburg (and any diocesan or school offers, agents, or employees) which may rise from the use of said picture/pictures/videotape/digital recording of Sacred Heart Athletic Association athletes in the above-described event.

If at any time, I want my child's photograph and/or recording to be removed from any use, I acknowledge that it is my responsibility to inform in writing the Athletic Association President of this decision.

Parent Name: _____ Date: _____

Address: _____

Phone: _____ Signature: _____