

Consent and Release Form
for the Use of Student Photograph(s), Video, and Sound Recordings
2025–2026

Throughout the year, there will be numerous occasions and school events when we will be taking pictures or videos of students.

I, _____, the parent/guardian give Catholic Academy of Niagara Falls permission to use:

- My child(ren)'s name
- My child(ren)'s name and picture can appear in our school's yearbook
- My child(ren)'s photograph, video image, sound recording for our school's purposes (social media, school website, advertising, etc.)
- My child(ren)'s photograph, video image, sound recording for the Diocese of Buffalo
- My child(ren)'s photograph, video image, sound recording for media outlets (newspaper, televisions stations, radio stations)

Student's name: _____

Grade: ____

Student's name: _____

Grade: ____

Student's name: _____

Grade: ____

Student's name: _____

Grade: ____

Student's name: _____

Grade: ____

Parent's signature

Date



***I understand that I may revoke this permission at any time by contacting the principal.**