

# MEDIA RELEASE FORM

Archdiocese of Galveston-Houston ~1700 San Jacinto~ Houston, Texas 77002

I hereby grant permission to **St. Augustine Catholic School**, to allow my child,  
\_\_\_\_\_ to be photographed/interviewed.

It is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases **St. Augustine Catholic School**, and the Archdiocese of Galveston-Houston from any future claims as well as from any liability arising from the use of said photograph/interview.

Name of Child: \_\_\_\_\_  
(Please print or type)

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_