



**Alpha House at Holy Family University  
Parental Permission Form  
Online Collaboration, Photos and Media**

\_\_\_\_\_ In support of Holy Family University/Alpha House, I hereby consent and authorize Holy Family University/Alpha House its owners, staff, crew, and agents to use my likeness, voice recordings and/or photography (still or motion picture) or any other representation of me in any form, including, but limited to, magnetic audio or video recordings, in any manner or method of legitimate exhibition, presentation, transmission or reception, in whole or in part without consideration or remuneration.

\_\_\_\_\_ I hereby release and discharge Holy Family University/Alpha House, its owners, staff, crew, agents and referral service from any and all liability arising out of the use, distribution and presentation of the photographs and video/audio recordings and other representations authorized under this consent.

\_\_\_\_\_ I grant permission for my child's work to be published on the school web site, social media, and/or on other student classroom sites as prescribed by the teacher.

\_\_\_\_\_ I grant permission for my child's photo to be published on the school web site, social media and/or on the other classroom sites as prescribed by the teacher. When photos are used in almost all cases, names are not included. Names will be included with photos rarely and only in cases where there is special recognition.

\_\_\_\_\_ I grant permission for my child's photo to be published in the school newsletter, in the local newspapers, in school brochures, and printed materials.

\_\_\_\_\_ I give permission to the school to permit my child to participate in supervised interviews with the news media concerning events related to the school and its programs.

\_\_\_\_\_ I grant permission for my child's phot to be used for a fundraiser to benefit our school.

Parents:

\_\_\_\_\_ I have read, understand, and agree to all of the above:

Student's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Parent's Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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