

**LEXINGTON CATHOLIC
AUTHORIZATION AND RELEASE FORM**

I, _____ (parent's name, please print)

_____, hereby authorize and give permission to Lexington Catholic High School ("LCH") to use my son or daughter's photograph(s)/videos in connection with the LCH Athletics program and any promotional materials and publicity efforts related thereto. I understand that the photograph(s)/video may be used by LCH in publications, ads, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other forms of publication/promotion. I, for myself and my child, hereby release LCH, the photographer/videographer, their employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

Name of player _____

Name of School _____ Grade _____

Signature of parent/guardian _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

E-Mail Address _____

Date _____