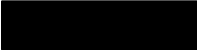




Publicity Release Form

ARCHDIOCESE OF WASHINGTON – Catholic Schools



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I hereby waive any right to compensation, fee or royalty for myself, the participant/student or our successors, heirs or assigns in connection with the production or use of the aforesaid materials

Name of Participant:

Or, If Participant is a Minor, Name of Parent/Guardian:

Signature of Participant:

Signature of Parent/Guardian:

Home Address:

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Street Address

Suite/Apt#

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City

State

Zipcode

Dated: _____

Month/Day/Year