



**South Hills Catholic Academy**  
550 Sleepy Hollow Road, Suite 2 | Pittsburgh, PA 15228  
412.631.3131 | info@shcacademy.com | SHCAcademy.com



## Publicity Authorization Form

Permission is hereby granted to **SOUTH HILLS CATHOLIC ACADEMY** to use voice recordings, photographs, video, and quotations of:

Student #1 \_\_\_\_\_

Grade \_\_\_\_\_

Student #2 \_\_\_\_\_

Grade \_\_\_\_\_

Student #3 \_\_\_\_\_

Grade \_\_\_\_\_

Student #4 \_\_\_\_\_

Grade \_\_\_\_\_

to assist in its community awareness, educational efforts, and related public relations purposes. In exchange for the opportunity to participate in the community awareness programs, educational efforts, and related publicity endeavors of **SOUTH HILLS CATHOLIC ACADEMY**, I hereby agree to indemnify and hold harmless **SOUTH HILLS CATHOLIC ACADEMY**, their agents and employees from any and all claims, demands, and/or causes of action of whatever kind or nature arising from the use of voice recordings, photographs, video, and quotations.

I further agree that I waive any right to compensation, fee, or royalty for myself, my successors, heirs, or assigns for the production or use of the aforesaid materials.

### Please Check One:

Yes, images may be used for **SOUTH HILLS CATHOLIC ACADEMY** publicity efforts.

I do not wish images to be used for **SOUTH HILLS CATHOLIC ACADEMY** publicity efforts.

### Please Sign and Date:

\_\_\_\_\_  
Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
Relationship to Student

Parent/Guardian Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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