Parent’s Consent for Release of Personally Identifiable Information

The undersigned parents of ________________________________, a member of ________________________________ hereby consent to the release of the following personally identifiable information.

Photos without names of the athletes will be released.

Photos will be used to help promote the activities and acknowledge the achievements of the participants in the Diocesan Recreation Association.

Information will primarily be released through the Catholic Times and on the Diocesan Recreation Association website at www.cdeducation.org/rec

The undersigned consent to the transfer of the above information to a third or subsequent party.

__________________________________  _________________________
(Parent’s name)                  (Date)

__________________________________  __________________________
(Parent’s name)                  (Date)

A copy of the release is requested:  Please check one.

_______ Yes       ______No