



ARCHDIOCESE OF ST. LOUIS

Office of Communications and Planning

MEDIA AUTHORIZATION RELEASE FORM

AUTHORIZATION

For good and valuable consideration, the sufficiency of which is hereby acknowledged, I/we, the undersigned grant the Archdiocese of St. Louis, its parishes, schools and agencies (“Archdiocese”) the right to publish, reproduce and display photographic images, video images and/or audio recordings of _____ (“Individuals”) for use in all media, electronic or otherwise, in connection with publications, advertisements and/or web pages of the Archdiocese, provided that the Archdiocese is not authorized to sell, or otherwise distribute, such photographic images, video images or audio recordings to any other person or entity without my/our consent. I/We understand that the Archdiocese may associate the photographic image, video image or audio recording with the first name of Individual (understanding that official archdiocesan publications and secular media may require use of last name) and the name of the parish or school where Individual is a student or parishioner. I/We further acknowledge and agree that neither I nor Individual, if Individual is a minor, has or shall have any ownership interest in any informational or advertising material which utilizes, incorporates or consists of the photographic images, video images and/or audio recordings or in any copyright embodied therein.

Individual (Child)

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

PHONE: _____

EMAIL: _____

SCHOOL/PARISH/AFFILIATION: _____

If individual is under 18, parents/guardians must sign

DATE: _____

SIGNATURE: _____

PRINTED NAME: _____

PHONE: _____

EMAIL: _____

SCHOOL/PARISH/AFFILIATION: _____

Individual (Mother)

DATE: _____
SIGNATURE: _____
PRINTED NAME: _____
PHONE: _____
EMAIL: _____
SCHOOL/PARISH/AFFILIATION: _____

Individual (Father)

DATE: _____
SIGNATURE: _____
PRINTED NAME: _____
PHONE: _____
EMAIL: _____
SCHOOL/PARISH/AFFILIATION: _____

Individual (Godmother)

DATE: _____
SIGNATURE: _____
PRINTED NAME: _____
PHONE: _____
EMAIL: _____
SCHOOL/PARISH/AFFILIATION: _____

Individual (Godfather)

DATE: _____
SIGNATURE: _____
PRINTED NAME: _____
PHONE: _____
EMAIL: _____
SCHOOL/PARISH/AFFILIATION: _____

If you would like your child(ren)'s baptism in the *Good News Messenger*, please e-mail this form, along with a photo(s) of the baptism to: newsletter@assumptionstl.org. Or, simply drop everything off at the Parish Office. Please note, we can only accept photos in a .jpg format. Thank you!