



The Diocese of Lexington
 1310 West Main St.
 Lexington, KY 40508

Respect Life Office
 Respect Life Contest

VIDEO/PHOTO RELEASE FORM (Children, Youth & Adult)

Date: _____

Location: _____

I hereby grant permission, without reservation, to THE ROMAN CATHOLIC DIOCESE OF LEXINGTON, KENTUCKY, and to those authorized by THE ROMAN CATHOLIC DIOCESE OF LEXINGTON, KENTUCKY, to take photographs and videos, and to make recordings, of me and to use the foregoing in original or modified form in all media now or hereafter known, solely for the promotion of public education, and/or fundraising activities of THE ROMAN CATHOLIC DIOCESE OF LEXINGTON, KENTUCKY. **I understand and agree that I am entitled to receive no compensation for the above.** Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. Photos and videos may be posted on the diocesan website

I release THE ROMAN CATHOLIC DIOCESE OF LEXINGTON, KENTUCKY, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have, relating to the above. I further agree that THE ROMAN CATHOLIC DIOCESE OF LEXINGTON, KENTUCKY will be the sole owner of all tangible and intangible rights in the above mentioned photographs and recordings, with full power of disposition.

I/We, the parent(s)/guardian(s) of this youth _____, authorize and give full consent, without reservation to THE ROMAN CATHOLIC DIOCESE OF LEXINGTON, KENTUCKY to publish any photograph or video in which the above mentioned student appears while participating in THE ROMAN CATHOLIC DIOCESE OF LEXINGTON, KENTUCKY Respect Life Contest.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Adult photo/video subject
 Signature: _____ Date: _____