

CONSENT FOR RELEASE OF AUDIO, PHOTOGRAPH, VIDEO FOR MINOR

I, _____ (Please list Full Name), hereby consent to and authorize the use and reproduction by St. Andre Bessette Parish ("Releasee"), its legal representatives, licensees, successors and assigns, those for whom the Releasee is acting, and those acting with its authority and permission (collectively, the "Authorized Parties"), of any and all photographs, digital images, videotapes or recordings made of _____ (Please list Full Name), who is my minor child, for use by the Releasee, its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes or recordings in conjunction with my name.

I, on behalf of myself and on behalf of my minor child, also give permission for the photographs, digital images, videotapes, or recordings to be used in their entirety and/or edited versions as deemed necessary by the Releasee including the use of images on printed publications or materials, posters, brochures, greeting cards, calendars, electronic publications, or Web sites. I represent and warrant that any photographs, digital images, videotapes, or recordings submitted by me or on my behalf to the Releasee do not in any way infringe on the proprietary rights of any third party, including but not limited to copyright or trademark.

Furthermore, permission is also given for the photographs, digital images, videotapes, or recordings to be used by the Releasee at any time in the future without further clearance from me.

I, on behalf of myself and on behalf of my minor child, hereby release, discharge and agree to save harmless the Releasee and each of the Authorized Parties from any liability, costs or expenses arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the Images or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel, defamation, invasion of privacy, or breach of publicity or other property rights.

The Releasee will not sell these photographs, digital images, videotapes, or recordings to another company and will only use them for the mission of the church, school, or other entity seeking the permissions and releases granted herein.

The Releasee will not use the minor's full name or otherwise identify the individual appearing in the photographs, digital images, videotapes, or recordings, unless explicitly permitted by checking the checkbox below.

I hereby affirm that I am over the age of majority and have the right to contract on behalf of myself and my minor child, I have read the above authorization, release and agreement, prior to its execution. I fully understand the contents thereof. This agreement shall be binding upon me, my minor child, and heirs, legal representatives and assigns thereof.

If at any point you wish to remove a picture or terminate your release consent form please contact the Releasee. Phone: 518-483-1300 Web: www.standres.org Email: office@standres.org

I allow the Releasee to use my child's full name and otherwise identify them.

Child's Full Name and Date of Birth

Child's Full Name and Date of Birth

Child's Full Name and Date of Birth

Child's Full Name and Date of Birth

Signature of Parent/Guardian

Date

Please Complete Both Sides Of This Form

PHOTO RELEASE FORM (Adult)

I/We, _____ (Please list Full Name), hereby consent to and authorize the use and reproduction by St. Andre Bessette Parish ("Releasee "), its legal representatives, licensees, successors and assigns, those for whom the Diocese is acting, and those acting with its authority and permission (collectively, the "Authorized Parties"), of any and all photographs, digital images, videotapes or recordings made of me for use by the Releasee, its employees, officers and agents, and the right to copyright and/or use, reuse and/or publish, republish photographic pictures, digital images, videotapes or recordings in conjunction with my name.

I also give permission for the photographs, digital images, videotapes, or recordings to be used in their entirety and/or edited versions as deemed necessary by the Releasee including the use of images on printed publications or materials, posters, brochures, greeting cards, calendars, electronic publications, or Web sites. I represent and warrant that these photographs, digital images, videotapes or recordings belong to me and that there are no third parties holding any proprietary rights in these items, including copyright and trademark.

Furthermore, permission is also given for the photographs, digital images, videotapes, or recordings to be used by the Releasee at any time in the future without further clearance from me.

I, hereby release, discharge and agree to save harmless the Releasee and each of the Authorized Parties from any liability, costs or expenses arising by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of the Images or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for infringement of copyright, trademark or any other proprietary rights of third parties, libel, defamation, invasion of privacy, or breach of publicity or other property rights.

The Releasee will not sell these photographs, digital images, videotapes, or recordings to another company and will only use them for the mission of the church.

If at any point you wish to remove a picture or terminate your release consent form please contact the Releasee. Phone: 518-483-1300 Web: www.standres.org Email: office@standres.org

I have read the foregoing release, authorization and agreement, before signing below, and warrant that I fully understand the contents thereof.

Name

Address

Signature

Date

Name

Address

Signature

Date

Please Complete Both Sides Of This Form