

**This form is to be used whenever children are photographed or video-ed in connection with parish religious education programs. Since religious education programs are parish-based, *the parish is the entity being indemnified. No child whose parent/legal guardian has not signed. a release may have his/her image recorded.***

**MEDIA AUTHORIZATION AND RELEASE**

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I hereby consent to the taking of photographs, movies, videos, and images capable of reproduction in any medium of me or my children or children of whom I am the designated guardian

\_\_\_\_\_  
*Names of Children, Parent or Guardian*

by **St. Kateri Tekakwitha Parish**, the Archdiocese of New York and its parents, affiliates, trustees, directors, members, officers, employees, volunteers, agents, invitees, and contractors (the "Parish").

I hereby grant to the parish the right to edit, reproduce, use and reuse images for any and all purposes including, but not limited to, advertising, promotion and display, and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including, but not limited to, video, print, television, Internet, and Pod-Casts.

I forever grant, assign, and transfer to the parish any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by the parish. I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of actions, loss, liability, damage or cost arising from this authorization.

*Print Name*  
\_\_\_\_\_

\_\_\_\_\_  
*Name of Child/Children [f applicable]*

*Signature*  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*