

PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR (NONCOMMERCIAL)

This section to be completed by the Location:

Archdiocese, School or Parish Location (“Location”):

Class/Activity:

CEF Events, School Events, CEF Sponsored Programs

The above referenced Location intends to use your child’s image, name, voice and/or work for the following noncommercial purposes (describe class/activity, date(s) if applicable):

Publicity, Exhibits, Electronic media broadcasts or research.

The following person(s)/entity not connected to the Location will be involved in the class/activity: _____

This section to be completed by Parent/Guardian:

I _____ am the parent/guardian of _____, a minor. I hereby authorize the above referenced Location to use the following personal information about my child:

Please initial the applicable boxes

Image/visual likeness: _____ yes _____ no Voice: _____ yes _____ no

Name: _____ yes _____ no Work: _____ yes _____ no



I understand and agree that my child's image, name, voice and/or work (the "Personal Information") will be used for the particular reasons identified above. I further understand and agree that the Location may use the Personal Information for other noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that the Personal Information of my child may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed (the "Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. While the Location will take care to maintain the particular intents and purposes of the photographs or electronic recordings, editing may be necessary to obtain the best results. I release and discharge the Location and its affiliated entities, employees and agents from any liability that may arise out of the making or editing of the photographs or electronic recordings, including but not limited to, distortion, blurring, alteration, optical or auditory illusion or use in composite form.

In exchange for the opportunity given to my child by the Location to participate in the class/activity, I hereby agree that neither I, nor my child, will receive monetary compensation, royalties or credit for use of the photographs or electronic recordings by the Location. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.

I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.



I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: _____ Date: _____

Print Name: _____

Relationship to Child: _____

Address: _____

Telephone: _____

Name of Child: _____ Age: _____

