

Media Release Form (Child)

I am the parent/legal guardian of _____
(print full name of child here; if more than one child, use the back of this document to list all children)
("My Child").

I hereby grant the Catholic Diocese of Green Bay, Inc., and St. Gabriel Communications, Inc., and their agents the absolute right and permission to use photographic portraits, pictures, digital images, audio/video recording or videotapes of My Child, or in which My Child may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any diocesan publication, diocesan websites, or diocesan social media outlet without payment or any other consideration.

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied. I hereby forever release, discharge, and agree to indemnify and hold harmless the Catholic Diocese of Green Bay, Inc., St. Gabriel Communications, Inc., and their agents from any and all claims, demands, and causes of action that I or My Child have or may have in the future by reason of this authorization or use of My Child's photographic portraits, pictures, digital images, audio/video recording or videotapes, including but not limited to any liability 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 said images, audio/video recording or videotapes, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials.

I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.

Date: _____ **Signature:** _____

Signature of Parent/Legal Guardian if Participant is Under the Age of 18:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Media Release Form (Child - continued)

1. Name of Child: _____
2. Name of Child: _____
3. Name of Child: _____
4. Name of Child: _____
5. Name of Child: _____
6. Name of Child: _____
7. Name of Child: _____
8. Name of Child: _____
9. Name of Child: _____
10. Name of Child: _____
11. Name of Child: _____
12. Name of Child: _____

For any questions about this form, please contact onmissionmedia@gbdioc.org.
www.gbdioc.org • P.O. Box 23825, Green Bay, WI 54305-3825 • (920) 437-7531



Diocese of
Green Bay