



Diocese of St. Augustine

Catholic Center
11625 Old St. Augustine Road
Jacksonville, Florida 32258
(904) 262-3200

Child Photography Release Form

Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video, including livestream) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of St. Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Child/Children's Name (Printed): _____

Parent or Guardian Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____

Date: _____

PARENTS/GUARDIANS – YOU MAY CHOSE TO OPT OUT. If so, please check NO and sign below, do not sign above.

 NO Parent or Guardian Signature: _____