

Diocese of Rockford
RELEASE AND AUTHORIZATION TO USE
AN IMAGE OR PHOTOGRAPH OF MY LIKENESS

I represent that I am the parent/guardian of _____, who is under 18 years of age, and I hereby give my consent to The Diocese of Rockford to interview my child and use my child's story for publication of Diocesan materials, including photographs and video and audio of my child. The Diocesan materials may be published on the Diocesan website, in social media, or otherwise electronically, in print such as brochures and the Diocesan newspaper, as well as made available at parishes.

I release and hold harmless the Diocese of Rockford and its parishes from all liability for damages or injuries that may occur as a result of the above, and/or a third party's unauthorized actions involving an image/photograph of my child's likeness. I also waive any right to inspect or approve the finished product or any accompanying written material that may be used in connection with my child's likeness.

I also understand that I have a right to revoke this consent at any time by providing a written notice of revocation to the Diocese of Rockford, Office of Charitable Giving. This consent will remain in effect until such time as I choose to revoke it.

This release shall be governed by the laws of the State of Illinois.

Student Name (please print)

Parent Name (please print)

Parent Signature

Date: _____

Diocese of Rockford
RELEASE AND AUTHORIZATION TO USE
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I represent that I am an adult and I hereby give my consent to The Diocese of Rockford to interview me, and use my story for publication of Diocesan materials, including photographs and video and audio of me. The Diocesan materials may be published on the Diocesan website, in social media, or otherwise electronically, in print such as brochures and the Diocesan newspaper, as well as made available at parishes.

I release and hold harmless the Diocese of Rockford and its parishes from all liability for damages or injuries that may occur as a result of the above, and/or a third party's unauthorized actions involving an image/photograph of my likeness. I also waive any right to inspect or approve the finished product or any accompanying written material that may be used in connection with my likeness.

I also understand that I have a right to revoke this consent at any time by providing a written notice of revocation to the Diocese of Rockford, Office of Charitable Giving. This consent will remain in effect until such time as I choose to revoke it.

This release shall be governed by the laws of the State of Illinois.

Name (please print)

Signature

Date: _____