

Our Lady of Lourdes Roman Catholic Parish

Prince of Peace Church

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Diocese of Phoenix Department of Youth Ministry PHOTO RELEASE

I hereby grant my consent to use and release to:

The Catholic Diocese of Phoenix/Our Lady of Lourdes the use of my name and or my likeness or my child's name or likeness, whether in still, motion pictures, audio or video tape, photograph and/or other reproduction of me or my child, including voice and features, with or without names, in any promotional purposes involving the diocese or parish program, news features in the *Catholic Sun* or other media or other purpose whatsoever, except for the endorsement of any commercial products.

I further agree that the Catholic Diocese of Phoenix may use or cause to be used, these items for any and all broadcasts, publications or reproductions, without limitation or reservation of any fee.

Date: _____

Parent/Guardian Signature: _____

Print Parent/Guardian Name: _____

Print Child's Name: _____

Parish/Program: _____

Address: _____

City: _____ State: AZ Zip Code: _____

_____ **I DO**

Give my permission to have my child or me photographed, video taped, or featured in the newspaper or *Catholic Sun*.

_____ **I DO NOT**

Want my child or I to be photographed, video taped, or featured in the newspaper, or *Catholic Sun*.

(The purpose of this form is to allow us to use pictures in various brochures, publications, news items, video tapes, presentations, Parish/programs, events, etc.)