PHOTO RELEASE CONSENT FORM FOR MINOR/ADULT

(CAMP SIENA 2010)

Diocese of Jefferson City
Youth Ministry Office
P.O. Box 104900
Jefferson City, MO 65110-4900

I hereby grant the Diocese of Jefferson City, Missouri, its employees, agents and assigns permission to use my likeness in photograph(s) and or video in any and all of its publications and in any and all other media, whether electronic, print, digital and whether now known or hereafter existing, controlled by the Diocese of Jefferson City, Missouri.

I will make no monetary or other claim against the Diocese of Jefferson City for the use of photograph(s)/video.

_____ _____

Model Printed Name Date Model Date of Birth & Current Age

_____

Model Signature (if under 18) Date

Model's Address (# Street, City, State and Zip)

_____

_____

PARENTAL CONSENT FOR MINORS:
For Children Under the Age of 18

I certify that I am a custodial parent or guardian of the child listed above and have the aforementioned rights to said child. I hereby grant the Diocese of Jefferson City, Missouri, its employees, agents and assigns permission to use my child's likeness in photograph(s) and or video in any and all of its publications and in any and all other media, whether electronic, print, digital and whether now known or hereafter existing, controlled by the Diocese of Jefferson City, Missouri. As policy of the Diocese of Jefferson City, Missouri no identifiable facial features of a minor will be uploaded to a diocesan or parish website.

I will make no monetary or other claim against the Diocese of Jefferson City for the use of photograph(s)/video.

_____ _____

Parent or Guardian's Signature Date Parent or Guardian's Signature Date

_____ _____

Parent or Guardian's Printed Name Date Parent or Guardian's Printed Name Date

Guardian's Address (# Street, City, State & Zip): Guardian's Address (# Street, City, State & Zip):

_____ _____

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