

PARISH/SCHOOL/ECCLESIASTICAL ORGANIZATION NAME

Photographic and Interview Release

Date: _____

I hereby grant consent and release to _____
to use my name and likeness, whether in still, motion pictures, audio and video tape; my
photograph and/or reproductions of me including my voice (which includes commentary,
remarks, and/or recordings); my features, with or without my name, for promotional
purposes involving the _____, for news
and/or feature stories on the _____ website or
The Denver Catholic Register or other media (which includes internet, print, radio,
television), except for endorsement of any commercial products.

These items may be used without limitation or reservation of any fee.

Minors cannot consent to media interviews or waive their privacy right. These decisions
must be made by parents/guardians; therefore, this release from must be signed by
parents/guardians when the individual is a minor.

Student Printed Name

Grade

Student Signature

Date

Address

City, ST, Zip

Phone

Printed Name of Parent/Guardian (if student is a minor)

Parent/Guardian Signature

Date

Address

City, ST, Zip

Phone