

OUR LADY OF THE ASSUMPTION PHOTO RELEASE

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

CHILD/CHILDRENS NAMES: _____

DATE: _____

PERMISSION EXPIRES: _____

_____ I GRANT PERMISSION TO: OUR LADY OF THE ASSUMPTION CHURCH, SCHOOL AND PARISH ORGANIZATION

_____ I DO NOT GRANT PERMISSION TO: OUR LADY OF THE ASSUMPTION CHURCH, SCHOOL AND PARISH ORGANIZATION

TO PHOTOGRAPH, VIDEOTAPE OR INTERVIEW ME/MY CHILDREN WHOSE NAMES ARE _____

PARTICIPATING IN EVENTS OR ACTIVITIES AT OR WITH OUR LADY OF THE ASSUMPTION. I CONSENT TO THE PUBLICATION (INCLUDING, BUT NOT LIMITED TO PRINT, VIDEOTAPE AND WEBSITE PUBLICATION) OF THIS MATERIAL. I UNDERSTAND THAT OUR LADY OF THE ASSUMPTION MAY BE IDENTIFIED BY NAME AND

**FULLY UNDERSTAND THAT THIS IS A COMPLETE
RELEASE OF ALL CLAIMS AGAINST OUR LADY OF THE
ASSUMPTION, ARCHDIOCESE OF PHILADELPHIA OR
ANY OTHER PERSON, FIRM OR CORPORATION FOR
USE OF ANY MATERIAL.**

**I HEREBY WARRANT THAT I AM FREE TO GIVE MY
PERMISSION. I FURTHER WARRANT THAT THE
INFORMATION I HAVE PROVIDED IS TO THE BEST OF
MY KNOWLEDGE TRUE AND ACCURATE.**

SIGNATURE_____