



DIOCESE OF
SAN JOSE

Consent and Release Form – Photography & Video Imagery

I _____ hereby grant to the Diocese of San Jose and its employees, agents, licensees and legal representatives, the right to take photographs or videos of me in connection with my participation in faith formation at _____. I also authorize the Diocese of San Jose to use any such pictures or videos of me with or without my name for any lawful purposes including, but not limited to, purposes of publicity, illustration, advertising and/or web content. I hereby waive any present or future right to inspect or approve of any published image or videos that may be created or distributed in connection herewith.

I understand and agree that any photograph or video using my likeness will become the sole property of Diocese of San Jose and will not be returned to me. I also understand and agree that since my participation is voluntary, I will not receive any financial compensation.

I hereby hold harmless and release and forever discharge the Diocese of San Jose and its employees, agents, licensees and legal representatives from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators or any other person(s) acting on my behalf or on behalf of my estate have or may have by reason of my authorization, consent and release herein.

I have read this entire Consent and Release Form, I fully understand it, and I agree to be bound by its terms. I represent and certify that I am at least eighteen (18) years old, or if not on this date that my Parent/Legal Guardian has also executed this Form, below.

Participant’s Signature: _____ Date: _____

Participant’s Printed Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

PARENTAL CONSENT AS NEEDED:

I, _____, the Parent/Legal Guardian of _____,

[Parent/Legal Guardian]

[Child’s Name]

a minor under the age of eighteen (18) years, hereby consent and agree to assume legal responsibility for his/her authorizations referred to in this Consent and Release Form.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____ Date: _____