

DIOCESE OF VENICE IN FLORIDA

Our Lady Queen Of Martyrs Religious Education Program

AUTHORIZATION FOR RELEASE AND USE OF IMAGE IN PHOTO, VIDEO FILES OR OTHER MEDIA

Name of Participant:______DOB: _____

School/Parish/Diocesan Entity:

I, the undersigned adult participant or parent/legal guardian of the above named minor participant hereby grant to the above named School/Parish/Diocesan Entity the following irrevocable rights:	
	rait, voice, appearance, likeness, performance(hereinafter amed participant in connection with its educational, other legitimate purpose;
participant individually or in conjunction with	t, distribute, and transmit the image of the above named other images or printed matter in the production of (radio and television), audio or video files, recordings, still of media now known or later developed;
participant individually or in conjunction with	t, distribute, and transmit the image of the above named other images or printed matter on the site. No personal information such as home address or phone
4. The right to record, reproduce, amplify, ed sound effects produced; and	it, and simulate the above named participant's image and all
5. The right to copyright, in its own name, wo	rks that contain the image of above named participant; and
6. The right to assign the above-mentioned rig	thts to third parties.
I understand that the video files, still photos, or other media incorporating the image the above named participant will become the property of the School/Parish/Diocesan Entity. I hereby waive the right to inspect or approve the image or any finished materials that incorporate said image.	
I understand and agree that no compensation will be provided, now or in the future, in connection with the use of the above named participant's image, and nothing herein will create any obligation on the part of School/Parish/Diocesan Entity to make use of the rights or materials set forth herein.	
office, a corporation sole, agents, employees and assigns from any and all claims	ane, as Bishop of the Diocese of Venice, his successors in Catholic School/Parish/Diocesan Entity, their demand, rights, and causes of action of whatever kind that lage, including all claims for libel and invasion of privacy.
I hereby certify that I am the above named participar and I give my consent, without reservation, to the above agreement shall be valid for a period of four years from	
Adult Participant or Parent/Guardian Signature	Date
Address Rev 7/26/2021 ID	Phone Number