

## MEDIA RELATIONS/PROMOTIONS RELEASE FORM

NAME:					_
ADDRESS:					_
	Street	City	State	Zip	
PHONE:					-
		<u>REI</u>	<u>LEASE</u>		
	EING USED IN TH UST SIGN THIS F		UNDER 18 Y	EARS OF AGE, PA	ARENT OR LEGAL
entities, represe name or my mir to use statemer web, social med publications, ind signature(s) be its associated	entatives, employees nor child's name, city nts made by or attrib dia, publicity or simil cluding any written co elow releases any a	s, and agents ope y and state, and/o outed to me or my ar promotions for copy that may be o and all claims aga o or arising out	rating under its r audio, video(s r child relating the Diocese. I created in conr ninst the Roma	s authority to use, was), photo(s), and/or to the Diocese, with waive my right to in the ction therewith. It an Catholic Dioces	n, (the Diocese) and all without prior notice, my any other likeness and hout compensation, for aspect or approve such we agree that my/out se of Grand Rapids, of tated items as media
Yes, I gr	ant permission for re	elease			
No, I do	not grant permissior	n for release			
Signature of Individ	dual (if 18 or older):				
Date:	*********	*******	*******	********	********
Name of Parent/Leg	gal Guardian (print): der 18 years old)				
Signature of Parent	/Legal Guardian:				
Date:					
If individual ref	erenced above is und	ler 18. please indic	cate vour relatio	onship to that person	ı·

\*Once completed, please return this form to your parish/school administration office