



Parent/Guardian Consent for Use of Photographs And Similar Recordings

Name(s) of Student(s) and Child(ren):

I hereby grant permission to The Catholic Diocese of Kansas City-St. Joseph (“the Diocese”) for this/these student(s)/child(ren) to be included and identified in photographs, images, audio, video, and activity-related statistics (collectively, “photographs”) made in connection with

_____ Parish/School/Center and/or the Diocese. I also grant the Diocese the right to use, publish, exhibit or distribute such photographs for purposes of advertising, promoting or marketing the Diocese, its parishes, schools, other institutions and/or any funding program or other program affiliated with the Diocese. I understand that I have no copyright interest in such photographs, and that the Diocese need not obtain any further approval from me to use the photographs.

Name of parent/guardian (print)

Signature

Date

Forms will be kept on file in the parish/school/center for a period of three years