



Video/ Photo/ Media/ Audio Release

I hereby grant _____ (School/Parish/Diocesan Entity) the right to make, use, and/or publish any and all videos, photos, media, audio, or other images of me/my minor child(ren) _____ in which they may be included, now existing or hereafter made, in any case, with or without identifying them for editorial, advertising, news, social media, or any other purpose and in any manner and medium.

I hereby release and agree to fully and unconditionally defend, indemnify, and hold harmless _____ (School/Parish/Diocesan Entity) and the Diocese of Victoria, its clergy, officers, Agents of the Church, employees and volunteers from any claims, costs or expenses for property damages, personal injuries, or other damages that may arise out of my son/daughter's participation.

I understand **that all communication with my child(ren) will be directly related to an approved School/Parish/Diocesan Entity activity. In addition, I understand** there will be no financial or other remuneration for recording me/my child(ren) in photos, videos, audio, or other images of me/my child(ren) for initial or subsequent use, transmission, or playback.

I hereby **give permission** for my son/daughter to be in video/photos/media/audio/other images.

Parent/ Guardian Signature _____ Date _____
I hereby **do NOT give permission** for my son/daughter to be in video/photos/media/technology/audio.

Parent/ Guardian Signature _____ Date _____

Technology Release

Written parental/guardian permission to communicate via social media or other electronic communications with a minor must be obtained. Parents must be notified of the methods of communication, which are used in each particular ministry and **MUST BE COPIED AND INCLUDED IN SUCH COMMUNICATIONS.**

I hereby **give permission** for my son/daughter to be contacted through social media or other electronic communications.

Parent/ Guardian Signature _____ Date _____
I hereby **do NOT give permission** for my son/daughter to be contacted through social media or other electronic communications.

Parent/ Guardian Signature _____ Date _____

If permission is granted, please list preferred method of contact for parent/legal guardian and child:

Choice	Mode of Communication	Guardian Contact Information	Minor Child Contact
_____	Text Messages	_____	_____
_____	Email	_____	_____
_____	Cell Phone	_____	_____