



## Diocese of Fall River

### Release Form for Media Recording

I, \_\_\_\_\_, agree to participate in a promotional / informational materials for \_\_\_\_\_ Church within the Diocese of Fall River. I understand that the decision to use any still images, video and/or audio recording for this purpose will be made by \_\_\_\_\_ Church and/or the Diocese of Fall River. I also understand that any such still image, video and audio obtained by \_\_\_\_\_ Church may be widely shown throughout the Diocese and beyond, including print materials, websites, social media, the internet, and network or cable television, to reach any and all potential targeted audiences.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Parent/Guardian Release Form for Talent Under 18 Years of Age

I, the undersigned, do hereby grant permission to \_\_\_\_\_ Church within the Diocese of Fall River to use the image, video and/or audio of my child, \_\_\_\_\_, as described above.

**Child's Full Name**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_