PHOTOGRAPHY AND IMAGE ASSIGNMENT, WAIVER, AND RELEASE	
As you review this photo release form, please do so with regard to an	ny particular considerations of photos of your child being available on-line or in print.
events, expressly assign to Holy Family Catholic Church, Holy Famil and future agents and related entities (collectively, " The DIOCESE "), all likeness, including, but not limited to all videotape recordings, photogra	ideration received, and for being allowed access to Diocesan property, activities, or Iy Catholic School , and the Diocese of Orlando , and to all of their current, former, Il rights, title and interest in, and to, the use of my and my child/ward's image or uphs, or audio recordings of, or made by, me and/or my child/ward on Diocesan n purpose ("the Property"). The DIOCESE shall have, without my consent, the right ish, or school within the Diocese of Orlando.
in part, the Property, in any Diocesan publication, news release, or for a copyright, exhibition, broadcast and/or distribution of the Property with compensation for my and/or my child/ward's appearance or participatio videotape of participants may be used in publications, websites or othe	the right to use and incorporate (alone or together with other materials), in whole or any other purpose. Further, I hereby authorize the reproduction, sale, lease, but limitation for any purpose whatsoever, and I further waive all rights to any on in the Property. I understand and have been advised that photographs or are materials produced from time to time by the Office of Youth and Young Adult od, however, without specific written consent. I further understand that The DIOCESE may be covering the event in which my child(ren) participate(s).
assigns from and against any and all claims, demands, actions, causes damages whatsoever that I and/or my child/ward may have against the	Diocese in connection with the Property or the use of the Property. This release se rights granted hereunder, or to exhibit, distribute, or exploit the Property. It is to its properties, and that my child/ward's name may be printed with
I represent that I am eighteen years of age or older, and that I have rea	ad and understand the terms of this Assignment, Waiver, and Release.
	Name of minor child/ward:
Signature	
	☐ I GIVE permission
Witness	☐ I DECLINE permission
	Date: