



**The Diocese of Saginaw is grateful to anyone who allows us to use their photo/video to share the love of Jesus Christ.**

### **Waiver and Release**

*To help the Church in her mission of sharing the Good News, the Diocese of Saginaw, including the Office of Catholic Schools and each Catholic school in the Diocese (the "Diocese"), desires permission to use and publicize the name, likeness, and other personal characteristics and information of the individual named below for Church-related publicity and promotion, including [without limitation] the image and voice as photographed or recorded digitally or on audio or video tape (collectively, the "likeness").*

In exchange for the intangible value I will gain by participating or appearing in the Diocesan programs or publicity materials, I authorize, grant and license the Diocese the rights to display, transmit, broadcast, reproduce, record, photograph, digitize, edit, and adapt my likeness, and all materials created by or on behalf of the Diocese that incorporate my likeness (collectively, "materials"), for evangelization, publicity and promotion. I agree that the Diocese may use my likeness in presentations, social media posts, website content, and other promotional/evangelization efforts. Furthermore, I understand and agree that this waiver and release signifies that the materials may be electronically displayed via the internet or in a public setting. I release and waive any and all claims against the Diocese with respect to the Diocese's use of the materials, including any claim of rights of privacy, publicity, copyright infringement, compensation or defamation.

I acknowledge and understand this waiver and release provides the diocese with my consent, waiver, and release of liability, allowing the diocese to publicize my name, likeness, and other personal characteristics and information. By signing, I acknowledge that I have completely read and understood all the terms of this waiver and release.

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt.: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this waiver and release is obtained from an individual under the age of 18, then the signature of that individual's parent or legal guardian is also required.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_