



Parish Name  
CL Name  
Address

## **PUBLICITY CONSENT**

Boyne Valley Catholic Community and the Diocese of Gaylord, engage in various communications regarding programs and activities of the parish, school, and diocese through correspondence and publicity with families, parishioners, as well as mass media and members of the wider community. This may involve—but is not limited to—photos, video, audio, written materials, bulletin boards, newspapers, radio, television, PowerPoint, Internet, etc..

Please, provide authorization for you child’s name, picture, age, parish and school, verbal or written remarks, and parent’s names to be utilized for such publicity by completing the form below.

### **AUTHORIZATION FORM**

As parent/guarding of \_\_\_\_\_, I understand that promotional pictures, audio and/or video recording (individual and group) may be taken during events and activities offered through the Boyne Valley Catholic Community or the Diocese of Gaylord. I hereby give permission, without remuneration, for my child’s name, picture, age, parsh and school, city, verbal or written remarks, and parents names, to be used for news, educational and promotional materials (including, but not limited to, print, audio, video, broadcast, displays, web pages, calendars, PowerPoint, bulletins, etc.) for the Boyne Valley Catholic Community, as well as the Diocese of Gaylord. I also hereby agree to release and hold harmless the Boyne Valley Catholic Community, the Diocese of Gaylord, as well as any of their employees or representatives, including volunteers, from any and all claims resulting from the use of the above information regarding my child.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

*(Parents may cancel this authorization at any time by providing written notice to the Parish Office).*