



## Photo Release Form

**Diocese of Wheeling-Charleston  
PO Box 230  
Wheeling, WV 26003**

I, \_\_\_\_\_, hereby release and assign to the Diocese of Wheeling-Charleston all rights to the videotape, sound recordings, and/or photographs made of my child, \_\_\_\_\_ on this date, \_\_\_\_\_ by the Diocese of Wheeling-Charleston.

I hereby authorize reproductions, sales, copyright, exhibition, broadcast and/or distribution of said videotape, sound recordings, and/or photographs without limitation for general religious and promotional purposes of the Diocese of Wheeling-Charleston.

I hereby release, individually, and on behalf of my minor child, the Diocese of Wheeling-Charleston, its agents and employees from any and all claims, damages, liabilities, costs and expenses which I now have or may hereafter have arising out of the making or use of such videotape, sound recordings, and/or photographs.

I understand that I may withdraw this authorization in writing at any time. I am aware that I have the right to refuse to sign this consent. Refusing to sign this consent will in no way affect the scholastic or extracurricular services my child receives.

Signed \_\_\_\_\_

Address \_\_\_\_\_

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