

Date: _____ Name: _____
(Please type or print.)

Promotional Release Form (For a Child/Youth under Age 18)

I agree to participate in an interview or discussion (in person, in writing, by phone, by e-mail, or through social media), an audio or video recording, and/or I agree to have photographs taken of me by a person or persons authorized by the Archdiocese of Louisville for use by the Archdiocese of Louisville or one of its parishes, schools or agencies. I authorize the release and distribution of information concerning my activities with Catholic parishes, schools and agencies, including my photographs, discussions, interviews, or audio/video recordings, to the Archdiocese for use in printed, audio, video, or web-based platforms, with the following restrictions:

(If there are no restrictions, write "none")

I release the Archdiocese of Louisville, its personnel, and any other persons from liability connected with the taking or use of such material. I grant this authorization and release because I favor the promotion of the Archdiocese, Catholic parishes, schools, agencies and their services. This agreement fully represents all terms and considerations; no other inducements, statements or promises have been made to me.

Name of Minor: _____

I give consent for the minor:

Signature

Date

Relationship to Minor

Address

City, State, Zip