MEDIA/PHOTO RELEASE FORM

I,
I agree that the Archdiocese of Miami may use such video/photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.
I have read and understand the above:
Signature:
Address:
Email:
<u> </u>
MINOR CONSENT I am the parent and guardian of the minor named above, and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises. Full Name (please print): Signature:
Address:
Telephone: Date: