Publicity Release Form

**FORM 18**

Archdiocese of Washington – Catholic Schools

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **<<Enter School Name>>** and the Archdiocese of Washington have opportunities throughout the year to promote Catholic education through news stories in radio, TV, print and electronic media.   |  |  | | --- | --- | | Permission is hereby granted to **<<Enter School Name>>**,the Archdiocese of Washington, and the affiliated corporations of the Archdiocese of Washington, | | | to use the voice/audio recordings, photographs, video and quotations of |  | |  | *Print Name of Participant* | |

to assist in community awareness, educational efforts and related public relations purposes, including media

coverage of school events and activities and public relations/advertising that may include brochures, posters, print, radio, internet, TV or any other electronic media.

In exchange for the opportunity to participate in the community awareness programs, educational efforts and related publicity endeavors of **<<Enter School Name>>** and the Archdiocese of Washington, I, hereby, agree to release and hold harmless **<<Enter School Name>>**, the Archdiocese of Washington, the affiliated corporations of the Archdiocese of Washington, and their agents, servants and employees from any and all claims, demands, causes of action and/or liability of whatever kind or nature arising out of or connected to the use of said voice/audio recordings, photographs, video and quotations.

I hereby waive any right to compensation, fee or royalty for myself, the participant/student or our successors, heirs or assigns in connection with the production or use of the aforesaid materials.

**If Participant is a minor,**

**OR**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of**  **Participant:** | |  | | | | **Name of . . Parent/Guardian:** | |  | | |
|  | | *Please Print* | | | |  | | *Please Print* | | |
| **Signature of**  **Participant:** |  | | | | | **Signature of . . . Parent/Guardian:** | |  | | |
|  | | | *Please Sign* | | |  | | *Please Sign* | | |
| **Home Address:** | | | | |  | | | |  |
|  | | | | *Street Address* | | | | | *Suite #* |
|  | | | |  | | |  | |  |
|  | | | | *City* | | | *State* | | *ZIP Code* |

|  |  |
| --- | --- |
| **Dated:** |  |
|  | *Month/Day/Year* |