

**AUTHORIZATION, CONSENT AND RELEASE FOR USE OF
VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS**

This form allows you, the parent or guardian, to identify if images of your child and their original works may be used for purposes of print, online, social media communication and promotion.

I am the parent or legal guardian of _____ (full name of minor) ("My Child").

I grant the following rights to **Lumen Christi Catholic Community** and the Archdiocese of Saint Paul and Minneapolis:

1. The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as "image") of My Child in the possession of **Lumen Christi Catholic Community**;
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed;
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter on **Lumen Christi Catholic Community** and the Archdiocese of Saint Paul and Minneapolis's Internet websites. **No home address or phone number will be published;**
4. The right to record, reproduce, amplify, edit, and simulate My Child's image and all sound effects produced;
5. The right to copyright, in the name of **Lumen Christi Catholic Community** and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child;
6. The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child's original work; and
7. The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of **Lumen Christi Catholic Community**. I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child's image or My Child's original work.

I hereby release, discharge, and agree to indemnify and hold harmless **Lumen Christi Catholic Community**, the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or My Child have or may have or may arise by reason of this authorization and from the use of My Child's image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child's likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform **Lumen Christi Catholic Community** in writing and that my rescission will not take effect until it is received by **Lumen Christi Catholic Community**. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that **Lumen Christi Catholic Community** and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child's name in connection with their educational, promotional, fund-raising activities, or for any other legitimate purpose. **Please initial:** _____ Yes _____ No

I have read the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.

Parent/Guardian Name (please print): _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____ Date: _____

Electronic Signature: *By typing my signature below, I acknowledge and agree this electronic or digital signature is the legally binding equivalent to my handwritten signature. This electronic or digital signature has the same validity and meaning as my handwritten signature. By typing my signature below as guardian, I acknowledge and agree to the conditions above.*

Electronic/Digital Signature: _____

Please type your First and Last Name: _____ *Date:* _____