

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned, hereby authorize **The Diocese of Toledo**

Obtain From Release To

Name of individual and/or institution

Address

City

State

Zip

This letter confirms the agreement between you and the Diocese of Toledo (the Diocese and all related entities) regarding your participation in approved Diocese activities in which you may be photographed or videotaped (the Property) from time to time.

For valuable consideration received, you hereby irrevocably grant to the Diocese perpetually, exclusively, and for all media throughout the world (including print, non-theatrical, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future), the right to use, copyright, publish and incorporate (alone or together with other materials), in whole or in part, photographs or video footage taken of you as a result of your participation in approved activities of the Diocese.

You hereby agree that you will not bring or consent to others bringing claim or action against the Diocese on the grounds that anything contained in the Property, or in the advertising and publicity used in connection herewith, is defamatory, reflects adversely on you, violates any other right whatsoever, including, without limitation, rights of privacy and publicity. You hereby release the Diocese, its representatives, agents, employees, successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that you may hereafter have against the Diocese or any related entity in connection with the Property.

This agreement shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to prepare, produce, exhibit, distribute or exploit the Property. If the participant is under 18 years old, you have also signed as parent or guardian of the participant.

The Diocese shall have the right to assign its rights hereunder, without your consent, in whole or in part, to any person, firm or corporation.

This authorization will remain in effect indefinitely unless otherwise revoked by the undersigned. I understand that I have the right to revoke this authorization at any time by submitting a written request to appropriate personnel. This revocation will be effective, except to the extent that the Diocese has already taken action in reliance on my authorization.

I have read this form and/or it was read to me and explained in language I can understand. I am aware of the consequences that might occur as a result of signing this consent form or of my refusal to do so. All blank spaces have been filled in except for signature and dates.

AGREED TO AND ACCEPTED this _____ day of _____, 20____.

Participant's Signature

Witness

Signature of Parent or Guardian

Witness

Print name of Participant: _____

Participant Date of Birth: _____ Participant SS#: _____

I hereby revoke this authorization effective as of _____.

