

MEDIA CONSENT FORM – YOUTH MINISTRY

Our Lady of Sorrows Youth Ministry Program engages in various correspondence and publicity with families, parishioners and other members of the community regarding various aspects of this program.

Please complete the information below, and provide it to the parish Coordinator of Youth Ministry.

Our Lady of Sorrows Farmington

Student's Name	Grade	Date of Birth

Parents may cancel this Authorization at any time by providing written notice to the Parish at 24040 Raphael Farmington, MI 48336-2465.

Video/Photography Utilization

1. I give permission for my child to be photographed or videotaped for educational and community relations not-for-profit use such as newsletter articles, parish bulletin, community newspaper articles, website, etc.

Signatures:

By: _____ Date: _____
(Signature of Parent or Guardian)

Name: _____
(Printed ó Parent or Guardian)

It is the policy of Our Lady of Sorrows Youth Ministry not to release any child's name to accompany photographs or videos to be published for community relations/PR purposes, etc.

2. I **DO NOT** give permission for my child to be photographed or videotaped for educational and community relations not-for-profit use such as newsletter articles, parish bulletin, community newspaper articles, website, etc.

Signatures:

By: _____ Date: _____
(Signature of Parent or Guardian)

Name: _____
(Printed ó Parent or Guardian)