



268 OLD TAPPAN RD. OLD TAPPAN, NJ 07675 (201) 664-0913 www.spxot.org
*"All generations journeying together with Jesus to satisfy our hungry hearts.
Come and see!"*

PHOTOGRAPHY/VIDEOGRAPHY CONSENT FORM FOR USE BY PARISHES/SCHOOLS
AND FOR SUBMISSIONS TO THE ARCHDIOCESE OF NEWARK

Check the appropriate box and complete said section.

☐ Minor (anyone under 18 years of age)

I, _____ (Parent/Guardian Name), hereby authorize **ST. PIUS X, ROMAN CATHOLIC CHURCH** (the "Parish/School"), **268 OLD TAPPAN ROAD, OLD TAPPAN, NJ 07675** (Parish/School Address) and the Roman Catholic Archdiocese of Newark (the "Archdiocese"), 171 Clifton Avenue, Newark, New Jersey, to use _____'s (Minor's Name) name and likeness in any photograph(s)/video(s) from this date _____ (today's date) forward. I understand and agree that any photograph(s)/video(s) shall exclusively be the property of, and the right, title, and interest of the Parish/School and the Archdiocese, for use including, but not limited to, the Parish/School's and the Archdiocese's print, video, online, and electronic promotional materials. I further agree and acknowledge that the Parish/School and the Archdiocese have made no representation or promise to me regarding the quality or editing of any photograph(s)/video(s) taken.

I hereby release and hold harmless the Parish/School and the Archdiocese from any reasonable expectation of privacy or confidentiality associated with the images specified above. I acknowledge and agree that the minor's participation is voluntary; he/she will receive no financial compensation. I acknowledge and agree that publication of said photograph(s)/video(s) confers no rights of ownership or royalties whatsoever.

I hereby irrevocably authorize the Parish/School and the Archdiocese to edit, copy, exhibit, publish or distribute any photograph(s)/video(s) for purposes of publicizing the Parish/School's and the Archdiocese's programs or for any other related, lawful purpose. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein the minor's likeness appears. I grant to the Parish/School and the Archdiocese permission to publish the minor's name and use the minor's likeness from the photograph(s)/video(s) taken. This permission extends to the Parish/School and the Archdiocese and any subsequent party that the Parish/School or the Archdiocese may designate that is involved in the production, reproduction, and distribution of the photograph(s)/video(s).

I hereby release and hold harmless the Parish/School, the Archdiocese, their respective contractors, employees, and any related third parties from all actions, claims, damages, costs, and/or expenses, including attorney's fees, brought by myself, the minor, and/or the parent/guardian, which relate to, or arise out of, any use of the photograph(s)/video(s) as specified above.

I have read the above terms and conditions contained in this consent. I understand the contents of this consent and that I am waiving and relinquishing all rights that I may have as set forth above. I also understand that this consent will remain in effect unless and until revoked by me in writing and communicated to the Parish/School.

☐ Adult (minimum of 18 years of age)

I, _____ hereby authorize **ST. PIUS X, ROMAN CATHOLIC CHURCH** (the “Parish/School”), **268 OLD TAPPAN ROAD, OLD TAPPAN, NJ 07675** (Parish/School Address) and the Roman Catholic Archdiocese of Newark (the “Archdiocese”), 171 Clifton Avenue, Newark, New Jersey, to use my name and likeness in any photograph(s)/video(s) from this date _____ (today’s date) forward. I understand and agree that any photograph(s)/video(s) shall exclusively be the property of, and the right, title, and interest of the Parish/School and the Archdiocese, for use including, but not limited to, the Parish/School’s and the Archdiocese’s print, video, online, and electronic promotional materials. I further agree and acknowledge that the Parish/School and the Archdiocese have made no representation or promise to me regarding the quality or editing of any photograph(s)/video(s) taken.

I hereby release and hold harmless the Parish/School and the Archdiocese from any reasonable expectation of privacy or confidentiality associated with the images specified above. I acknowledge and agree that my participation is voluntary and that I will receive no financial compensation. I acknowledge and agree that publication of said photograph(s)/video(s) confers no rights of ownership or royalties whatsoever.

I hereby irrevocably authorize the Parish/School and the Archdiocese to edit, copy, exhibit, publish or distribute any photograph(s)/video(s) for purposes of publicizing the Parish/School’s and the Archdiocese’s programs or for any other related, lawful purpose. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. I grant to the Parish/School and the Archdiocese permission to publish my name and likeness from the photograph(s)/video(s) taken. This permission extends to the Parish/School and the Archdiocese and any subsequent party that the Parish/School and the Archdiocese may designate that is involved in the production, reproduction, and distribution of the photograph(s)/video(s).

I hereby release and hold harmless the Parish/School, the Archdiocese, their respective contractors, employees, and any related third parties from all actions, claims, damages, costs, and/or expenses, including attorney’s fees, which relate to, or arise out of, any use of the photograph(s)/video(s) as specified above.

I have read the above terms and conditions contained in this consent. I understand the contents of this consent and that I am waiving and relinquishing all rights that I may have as set forth above. I also understand that this consent will remain in effect unless and until revoked by me in writing and communicated to the Parish/School.

Authorization:

Name: _____ (if an adult)

Signature: _____

Minor’s Name: _____

Minor’s Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ (if student is under 18 years of age)

Street Address: _____

City: _____ State: _____ Zip: _____

Tel. #: _____ E-mail: _____