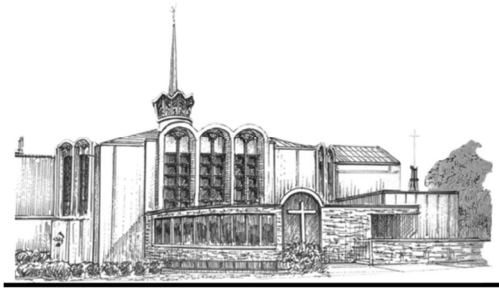

St. Joseph Catholic Church
Office of Faith Formation

79 Case Avenue, Sharon, PA 16146
E-mail: StJosephSharonFaithFormation@gmail.com
Phone: 724-981-3232 ext 14 | Web: SharonCatholic.org

Authorization Form
For Use of Child/Youth Name, Likeness, Photographic and/or Video Image

This authorization form shall serve as parental permission for the use of name, likeness, photographic, and/or video image of a child/youth where such permission is required.

I grant permission to _____**St. Joseph Church**_____
(print or type the above-named entity)

to use my child's/youth's (circle one) ☐ first name only ☐ first & last name,
likeness, photographic, and/or video image in the production of the following:

1. Above-named entity's official Publications, Brochures, Programs, Newsletters and other printed publications administered by the named entity.

2. Above-named entity's official Website, Facebook page, Instagram, Twitter and other social networking sites administered by the named entity.

3. Above-named entity's official postings on online video communities such as YouTube

4. www.eriercd.org The official website of the Diocese of Erie

5. Other: _____

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify the above-named entity **in writing**, all references to my child/youth (i.e.: name, likeness, photographic, and/or video image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. I understand that the above-named entity is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e.: name, likeness, photographic, and/or video image). I further understand that my child's/youth's name, likeness, photographic, and/or video image may continue to be used in any publications already printed or published prior to my revocation of consent provided herein.

I also understand that adult supervisors, coaches and/or activities sponsors may take photographic or video images of my child/youth during athletic, and/or program or extracurricular activities, for purposes of newsworthiness, post-secondary athletic or academic grants or scholarships, and for which I provide my consent. I understand that no financial or other compensation will be paid for any photo, video or work product used.

Additionally, other parents, adults, and third parties may attend and take photographs and/or video of public events and activities. Finally, I understand that such parties are not within the control of the above-named entity to direct or limit the use of any photographic or video image taken or obtained by them which may include images of my child/youth.

_____ _____
Name of Child (please print) Date of Birth

_____ _____
Signature of Parent or Legal Guardian Date

Definitions:
Child/Youth – anyone under the age of 18 **Adult** – anyone who has reached the age of 18 and older
Above-named entity/named entity – Institution named on the Letterhead of the Authorization Form