



## Release of Photo/Video Production

Parents/Guardians: Please complete this form granting permission for your child's photograph or video image to be used in a STYCC produced document (e.g. website, publication, video production).

|  |      |
|--|------|
| NAME ( <i>Child or Adult attending STYCC</i> ) | DATE |
| PROJECT EVENT TITLE                            |      |

I hereby grant STYCC (hereinafter called PRODUCER), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me/named child to conspicuous ridicule, scandal, reproach, scorn and indignity.

### For MINORS Release

If the student is under 18 years of age, the parent or legal guardian of the model must sign below.

I, parent and/or legal guardian of the above named child, do hereby consent and grant my permission to all of the foregoing.

|                                 |
|---------------------------------|
| SIGNATURE OF PARENT OR GUARDIAN |
|---------------------------------|

### For ADULT Release

|                                |
|--------------------------------|
| SIGNATURE (If Adult Attending) |
| ADDRESS                        |
| TELEPHONE                      |



## ADULT MEDICAL RELEASE FORM

|   |                            |             |
|---|----------------------------|-------------|
| Print Name:   |                            |             |
| Parish/Organization:  |                            |             |
| Your Address:   |                            |             |
| City:   | State:                     | Zip Code:   |
| Home Tel. #:  | Cell. #:                   | Work Tel.#: |
| Email Address:  |                            |             |
| Emergency Contact Name:   | Tel.#:                     |             |
| Physician's Name:   | Tel.#:                     |             |
| Date of Birth:  | Date of last tetanus shot: |             |
| Please list <b>all</b> medical conditions/allergies/special health information:                               |                            |             |
| Please list <b>any</b> medications (prescriptions or non-prescription) that you would like us to be aware of: |                            |             |
| Medical Insurance Company:  | Policy Number:             |             |
| Policy in the name of:  | Relationship:              |             |

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

I, \_\_\_\_\_, do hereby release, hold harmless and discharge the Diocese of Fresno and Santa Teresita Youth and Conference Center, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|