

The Synod of the Diocese of Niagara

Photo & Video Release Form for Participants Under 18 Years of Age

We value and respect the privacy of you and your family. This release provides us information on whether you consent to having your child's photograph, recording, and/or voice used for information, virtual programming, online worship services and/or promotion purposes by The Synod of the Diocese of Niagara (the "Diocese")

Online Worship/ Program Information: The video recording/photos will be featured on the website and social media accounts of the Diocese, including but not limited to, Facebook, Twitter, YouTube and Instagram.

Worship Service/Program: Vacation Bible Camp at Church of the Ascension

Date(s) of service/program: August 21-25, 2023

Consent/Release to Photograph/Video (for Participants under eighteen (18) years of age):

This Photo and Video Release (the "Release") is effective: _____.

Name of Participant: _____

Age of Participant: _____

Relationship to Participant: _____

I, the undersigned, am the parent(s) or guardian(s) of the participant and have legal custody of the participant. I acknowledge and agree that I will disclose in writing conditions of custody and access, if applicable, to The Synod of the Diocese of Niagara (the "Diocese").

I hereby give permission to the Diocese to photograph/video my child and grant the Diocese the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of the photographed and/or filmed images of me, taken for use in connection with the activities of the Diocese or for promoting, publicizing, informing, or programming in connection with the Diocese or its activities.

I further consent to the use of my child's name in connection with the photograph(s)/video(s) if needed by the Diocese and/or parties designated by the Diocese.

I acknowledge and agree to transfer to the Diocese and/or parties designated by the Diocese, any and all rights, including copyright, which my child may have in this material.

I further acknowledge and agree that Diocese and/or parties designated by the Diocese reserves the right to use photos, video or digital images for an unlimited time.

I understand and agree that my child will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s)/video(s) or the use of my child's name and I hereby release the Diocese and/or any parties designated by the Diocese any such claims.

I understand that the Diocese is committed to protecting the confidentiality, privacy, and accuracy of the personal information it collects. The information gathered in this form will be used solely to support the participant's involvement with the parish and the Diocese.

On behalf of the participant (my child) I have read this Consent/Release to Photograph/Video and give my permission as set out above.

Parent/Guardian
Of Participant:

Signature

Print Name

Witness:

Signature

Print Name