

# PHOTO/VIDEO Use Authorization and Release and Indemnification Agreement

I am the parent or legal guardian of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (full name of Minor) ("My Child").  
this form) Child #1 Child #2 Child #3 (add additional children on the back of \_\_\_\_\_) →

I authorize and consent that St. Joseph the Worker Church and the Archdiocese of Saint Paul and Minneapolis be permitted to use and publish for advertising, commercial or publicity purposes, the likeness of my child and my child's original work, or for any other lawful purpose whatsoever, including video, photographic portraits, pictures, reproductions, made through any medium, including social or other electronic media. Names of children or other identifying characteristics will not be disclosed. I release St. Joseph the Worker Church, the Archdiocese of Saint Paul and Minneapolis, or anyone authorized by St. Joseph the Worker Church or the Archdiocese of Saint Paul and Minneapolis from any and all claims arising from the authorized use and publication referenced herein. I agree to indemnify and defend St. Joseph the Worker Church and the Archdiocese of Saint Paul and Minneapolis, or anyone authorized by St. Joseph the Worker Church or the Archdiocese of Saint Paul and Minneapolis for any claims related to the use of my child's photo/video and/or my child's original work as described above.

If I choose to rescind my consent and authorization, I agree that I will inform St. Joseph the Worker Church and the Archdiocese of Saint Paul and Minneapolis in writing and that my rescission will not take effect until it is received by St. Joseph the Worker church and the Archdiocese of Saint Paul and Minneapolis. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I have read this authorization, release and indemnification agreement, have had the opportunity to consider its terms and consult my own advisors before signing, and understand it. I execute it voluntarily and with knowledge of its significance.

Parent/Guardian Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

This form may be scanned and e-mailed, faxed, mailed by US Postal Service, or hand delivered to:  
(If the Faith Formation office is closed, please insert in Faith Formation mail slot in door). Thank you.

St. Joseph the Worker Catholic Church  
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Maple Grove, MN 55369  
[faithform@sjtw.net](mailto:faithform@sjtw.net) Fax # 763.425.6587