



DIOCESE OF SPRINGFIELD – CAPE GIRARDEAU

Media Release Form

Dear Parent:

In completing and signing this Media Release Form, you hereby express an understanding and consent to your child/student to be photographed, video or audio recorded, and that these images or recordings may be included in official Diocesan, Parish, or School Webpage or Social Media posts, materials and campaigns, as well as other media initiatives (i.e., Print or Electronic News Media, Newsletters, Webpages, Fund-Raising and Development Efforts, Grant Applications, and Video, Powerpoint or other Presentations).

Photographs, video and audio recordings, social media posts, and print and electronic media may be available for a limited amount of time, _____, and restricted to specific groups of people, _____, and for a specific purpose, _____, but I also understand that due to the nature of these media, there may not be protections from unauthorized dissemination.

- ✚ I understand that any photographs, video or audio recordings will only be used by the Diocese, Parish or School in a legal manner and that in no way will my child be depicted in an unethical manner.
- ✚ I verify that I have read and understand this Release and am aware of the policy regarding the Guidelines for the Use of Technology, E-Mail, and Social Media (Appendix E of the Safe Environment Procedures).
- ✚ I agree to comply with this policy and also understand the Diocese of Springfield – Cape Girardeau Schools, Parishes, and Agencies may amend or change the policy at its discretion without notice.
- ✚ I understand that I may report any concerns or violations to the Diocese Office of Communications, Media and Publications, the Office of Child and Youth Protection, Law Enforcement, or the Missouri Child Abuse and Neglect Hotline **800-392-3738**.
- ✚ This Release may be revoked at any time and will otherwise expire one year from the date that it is signed.

Child/Student Name: _____ DOB: _____

Parish/School/Group and Location: _____

Parent Name (printed): _____ Phone No: _____

Parent Signature: _____ Date: _____