

Authorization Form for Minors

Consent and release for use of visual likenesses and original works of minors

This form allows you, the parent or guardian, to identify if images of your child and their original works may be used for purposes of print, online, social media communication and promotion.

I am the parent or legal guardian of _____ (full name of minor) ("My Child").

I grant the following rights to St. Lawrence Catholic Church and Newman Center and the Archdiocese of Saint Paul and Minneapolis:

1. The right to use all photographs, pictures, portraits, vocal sounds, appearances/likenesses, video and performances (hereinafter collectively known as "image") of My Child in the possession of St. Lawrence Catholic Church and Newman Center.
2. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter in the production of brochures, slides, motion pictures, broadcasts (radio, television, and other social and digital media), audio or video files, recordings, still photography, CD-Rom and any other manner of media now known or later developed.
3. The right to use, reproduce, publish, exhibit, distribute, and transmit the image of My Child individually or in conjunction with other images or printed matter on St. Lawrence Catholic Church and Newman Center and the Archdiocese of Saint Paul and Minneapolis's Internet websites. **No home address or phone number will be published.**
4. The right to record, reproduce, amplify, edit, and simulate My Child's image and all sound effects produced.
5. The right to copyright, in the name of St. Lawrence Catholic Church and Newman Center and the Archdiocese of Saint Paul and Minneapolis, works that contain the image of My Child
6. The right to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever My Child's original work.
7. The right to assign the above-mentioned rights to third parties without notice to me.

I understand that the video files, still photos, or other media incorporating the image of My Child will become the property of St. Lawrence Catholic Church and Newman Center. I hereby waive the right to inspect or approve the image or any finished materials that incorporate the image.

I understand and agree that no compensation will be provided, now or in the future, in connection with the use of My Child's image or My Child's original work.

I hereby release, discharge, and agree to indemnify and hold harmless St. Lawrence Catholic Church and Newman Center, the Archdiocese of Saint Paul and Minneapolis, and their agents, employees and assigns from any and all claims, demands, right, and causes of action of whatever kind that I or My Child have or may have or may arise by reason of this authorization and from the use of My Child's image and original work, including but not limited to, all claims for libel and invasion of privacy.

This consent regarding My Child's likeness and original work is valid until such time as I choose to rescind this authorization and consent. If I choose to rescind this authorization and consent, I agree that I will inform St. Lawrence Catholic Church and Newman Center in writing and that my rescission will not take effect until it is received by St. Lawrence Catholic Church and Newman Center. I understand and acknowledge that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I hereby authorize and consent that St. Lawrence Catholic Church and Newman Center and the Archdiocese of Saint Paul and Minneapolis have the right to use My Child's name in connection with their educational, promotional, fundraising activities, or for any other legitimate purpose.

Please initial: _____ Yes _____ No

I have read the above disclosures, authorizations, and releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with full knowledge of its significance.

Parent/Guardian-(print): _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____ Date: _____

Disclosure, authorization and consent for social media or other electronic communication involving minors

I am the parent or legal guardian of _____ (full name of minor) ("My Child").

In order to ensure transparency and parental involvement, St. Lawrence Catholic Church and Newman Center has created this consent form so that parents and guardians may provide authorization for St. Lawrence Catholic Church and Newman Center leaders to electronically communicate with minors. Such communications must comply with applicable St. Lawrence Catholic Church and Newman Center policies, including restrictions on private communications with minors.

I grant permission for staff or other leaders of St. Lawrence Catholic Church and Newman Center to communicate with My Child electronically. I understand that such communications are for St. Lawrence Catholic Church and Newman Center purposes only and may involve group communications relating to St. Lawrence Catholic Church and Newman Center activities. Further, I understand and authorize that such electronic communications may be made via text, email, telephone and cell phone, social media, digital networking, and other electronic means.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to have an account with the same social media platforms or become a fan or follower of the same social media. I also understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

This disclosure, authorizations, and consent form is valid for one year.

If I choose to rescind this authorization and consent, I agree that I will inform St. Lawrence Catholic Church and Newman Center in writing and that this rescission will not take effect until it is received by St. Lawrence Catholic Church and Newman Center.

I have read the above disclosure, authorizations, and consent, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.

Parent/Guardian Name (please print): _____

Email address: _____

Address: _____

Phone number: _____ Cell number: _____

Child Email address: _____

Child cell number: _____

Signature of Parent/Guardian: _____ Date: _____