

Immaculate Heart of Mary Parish

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Audio/Video/Photo Release Form

Immaculate Heart of Mary Parish offers a wide variety of programs and services to meet the spiritual and religious needs of the people of Austintown and beyond. Promoting the good work of the people of this parish requires that we keep accurate records of events and share the positive results of what we accomplish with each other and the world around us. In order to both honor the right to privacy of our parishioners and to excel in the areas of information and promotion relative to our programs and services, we are requesting your permission to use audio/video/photo media in parish publications, print and/or digital, that may include the image (motion or still) and voice of you and/or the members of your family. Please read the release information below and complete the form. Note that permission is not required for large-group photos/videos in which persons are not individually identified.

Release:

I grant Immaculate Heart of Mary Parish permission to use, edit, and reproduce any and all photographs, video clips, and/or audio clips taken of me during my participation in ministries, events, and/or programs sponsored by Immaculate Heart of Mary Parish. I understand that these media may be used in bulletins, newsletter, brochures, websites, flyers and other approved publications and resources associated with ministries, events, and/or programs of Immaculate Heart of Mary Parish. I understand that these uses are for non-commercial purposes.

Consent is also granted to identify me by name in any media reproductions of myself.

I understand that there is no monetary compensation for use of my image.

I understand that there is no time limit on the use of my image and/or voice.

I retain the right to amend these permissions at any time by sending a written request to the pastor.

I retain the right to have digital images of myself removed from digital publications of the parish. I understand that my digital image will be removed from digital publications within one week of my request to the pastor.

Please print your name and sign where indicated below to confirm your consent:

Name (Print) _____

Signature: _____ Date: _____

NOTE FOR MINOR CHILDREN: Parent signature is required below if the parishioner named above is under the age of 19.

Parent Name (Print) _____

Parent Signature: _____ Date: _____