



AUTHORIZED PHOTO/VIDEO/AUDIO RELEASE FORM

Date: _____

I, *(printed name)* _____ hereby agree and consent that Cross Catholic Outreach ("CCO") may capture and/or obtain my photograph, video and/or audio recording ("media") and that the captured/obtained media may be edited and/or publicly displayed, distributed and/or televised by Cross Catholic Outreach or for their public- and media/news outlet-relation purposes.

I waive any right to inspect or approve the finished photographs, video, audio, printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph, video or digital versions of the images.

My consent and agreement is herein given:

Signature

Printed Name

If individual is a minor (under the age of 18), parent/legal guardian signature is required below:

Parent/Guardian Signature

Printed Name of Parent/Guardian

Cross Representative

Date

CCO Office Use Only:

Purpose/Name of event: _____ *Date of activity:* _____

Brief Description: _____

CCO Representative Name & Dept: _____