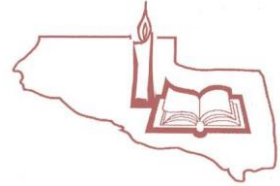




**DIOCESE OF BROWNSVILLE
OFFICE OF CATECHESIS**



MEDIA RELEASE AND CONSENT FORM

I hereby give my consent to all photographs, audio recordings, work, and/or video recordings taken of me or my minor child by any parish in the diocese and/or Sacred Heart Church - McAllen (*parish*) staff or their designee. I understand that any such photographs, audio recordings, work, and/or video recordings become the property of the diocese and/or parish and may be used by the diocese, parish and/or others with their consent, for educational, instructional, or promotional purposes determined by the diocese and/or parish in broadcast and electronic media formats now existing or in the future created.

(Please check one of the options below.)

___ Yes, I give my consent.

___ No, I do not give my consent.

(Please print and write legibly.)

Name of Child: _____

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone: _____

Email Address: _____