

I (we),	, on our own behalf
and as the parent(s)/legal guardian(s) of my (our) minor	r child(ren),
	(full name) (age),
(f (f	(full name) (age),
	(full name) (age),
	(full name) (age)
do hereby consent and authorize the release, publication use and/or reproduction of any and all photographs/vide	
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(Parish/School/Institution)	
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THIS RELEASE MUST BE SIGNED BY BOTH PARENTS/G signs this document, that parent/guardian represents and wa the sole custodial parent/guardian of the minor participant wit this release and authorization form.	rrants to the Archdiocese that he/she is
Parent/Guardian Signature:	Date:
Parent/Guardian Signature:	Date:

ADOLV-MINOR-PR 62023 1 of 1