



Photography and Media Release Form for Adults

Without compensation, I hereby grant the Catholic Diocese of St. Augustine (the “Diocese of St. Augustine”), its ministries, parishes, schools and other affiliated entities, permission to record my appearance, physical likeness and/or voice on videotape, on film, or digital video disk, or other means, and/or take photographs of my appearance.

Notwithstanding any prohibition as may be contained in Section 540.08, Florida Statutes, I hereby freely and voluntarily consent to the use, reproduction, and distribution of photographs, video recordings or other media capturing my image, physical likeness, or voice for an indefinite period of time or until such time I expressly revoke my consent in writing. These materials may include, but are not limited to news, editorial content, publications, promotional materials, electronic media (websites, social media channels, podcasts, videos), and/or printed brochures.

In addition, I understand and agree that:

- The Diocese of St. Augustine, its ministries, parishes, schools, and other affiliated entities may alter, edit or modify these materials as needed, without restriction.
- The Diocese of St. Augustine retains the sole ownership and right to copyright any such materials.
- My consent is voluntary, and I waive any rights to inspect or approve the finished products or the specific use of such materials.

I agree to hold the Diocese of St. Augustine, the Bishop of the Diocese of St. Augustine, its employees and agents, and any media outlet or representatives involved in the creation or distribution of the materials harmless against claim, liability, loss, or damage caused by, or arising from any claims, demands or liability arising from or related the creation, use, production, or distribution of these materials. This Photography and Media Release Form for Adults is binding and applies to any claims of defamation, invasion of privacy, or rights of publicity.

I have read this Photography and Media Release Form for Adults before signing and fully understand the contents, meaning, and impact of this release. I understand that I am free to address any specific questions and have done so prior to signing this release.

Name (Printed): _____

Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email: _____