



THE BYZANTINE CATHOLIC EPARCHY OF PARMA

VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant the Eparchy of Parma the irrevocable right and permission to use photographs and video recordings of me on the Eparchy of Parma websites, social media outlets, and the Eparchial publication *Horizons* without compensation to me.

I understand and agree that such photographs and video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in *Horizons* and/or Internet information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I agree that all such pictures, photographs, video and audio recordings, and any reproductions thereof, and all digital files are and shall remain the property of the Eparchy of Parma while also remaining available to me for my own personal use and distribution.

I hereby release, acquit, and forever discharge the Eparchy of Parma, its current and former trustees, agents, officers and employees of the above-named entity from any and all claims, demands, rights, promises, damages, and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness, or defamation.

I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns, and personal representatives.

Signature of Individual Photographed/Recorded

Date

Printed Name of Individual Photographed/Recorded

Signature of Witness

Date

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Signature of Parent/Guardian of Individual Photographed/Recorded

Date

Printed Name of Parent/Guardian:

Signature of Witness

Date