CATHOLIC DIOCESE of SALINA

4. OPTIONAL MEDIA RELEASE FORM

This is an OPTIONAL form. A parish or school may choose to use this form if it wishes to obtain additional parent permission regarding photographs, video, or audio recordings. This agreement is between the parent/guardian and the parish or school identified below. The Diocese of Salina provides this form as a resource only and is not responsible for administering or enforcing it.

1. PARISH /SCHOOL INFORMATION

Parish/School: _____

City: _____

2. MEDIA PREFERENCE

(Completed by the parent/guardian)

Photographs, videos, or audio recordings may be used by the parish or school listed above in newsletters, bulletins, websites, social media, presentations, fundraising materials, and other parish or school communications.

☐ I GIVE permission for my child's image and/or voice to be used.

☐ I DO NOT GIVE permission for my child's image and/or voice to be used.

3. ACKNOWLEDGEMENT

I understand this request applies only to the parish or school identified above. I also understand that photographs or videos may be taken or shared by third parties, participants, news media, or social media users outside the control of the parish, school, or Diocese of Salina. Neither the parish/school nor the Diocese of Salina can guarantee that my child will never appear in photographs or videos shared by others.

I understand that I may revoke this authorization at any time by providing written notice to the parish or school identified above

4. STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

4. PARENT/GUARDIAN ACKNOWLEDGEMENT

Guardian Name: _____

Primary Phone Number: _____

Email Address: _____

Signature: _____

Date: _____

BM/2026