



Catholic Charities Health and Human Services

AUTHORIZATION TO PHOTOGRAPH & RELEASE

I, _____, residing at _____,
(Name of Party to be Photographed) (Address)

hereby give permission and authorize Catholic Charities Health & Human Services (hereinafter "CCHHS"), its agents, employees, successors and assigns to photograph, or otherwise electronically or digitally record my image (or the image of the minor child for whom I am parent or legal guardian) for publication in printed or electronic form, and for my image (or that of my minor child) to be seen and disseminated to the general public in any media form, including, but not limited to a CCHHS newsletter, poster, display, film, video or website.

In consideration of my participation in a CCHHS program, and wishing to promote and benefit this non-profit cause, I hereby release and hold harmless CCHHS, any of its related corporate entities, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their representatives, licensees, agents, employees, successors and assigns, from any and all liability for claims and demands arising out of the use of my image in any aforementioned media. I specifically waive any rights and claims that I may have or claim for privacy, invasion of privacy, libel, payment or royalties for use of the above-described photograph, as well as any other claims for damages or other relief in law or equity.

I have read and fully understand the contents of this Authorization to Photograph and Release, and agree to the provisions contained herein.

IN WITNESS WHEREOF, I set my hands hereto as of the date set forth below:

Witness

Name of Party Photographed or
Parent/Legal Guardian of Party Photographed

Date