

PHOTOGRAPH/VIDEO/AUDIO/MEDIA CONSENT & RELEASE FORM

I,	, hereby consent to and authorize the Roman Catholic Diocese of
Lafayette, Louisiana, (the Diocese), and all entities, representatives, employees, and agents operating under its	
authority to record	use, edit, reproduce, and/or publish photographs, video, audio, and/or other electronic images that
may portray and/or	relate to me, my image, likeness and/or voice, without compensation.
I understand t	hat these materials may be used in various print and electronic media, including but not limited to
the Diocesan websi	te and the Diocesan publication, Acadiana Catholic, or for other endeavors related to Diocesan
interests. I understa	and that the Diocese may use and/or publish materials relating to me and/or use my name,
photograph, voice,	video images, and other media relating to me in any manner that the Diocese deems appropriate in
order to promote an	nd/or publicize its programs, or for any other lawful purpose.
This authoriza	tion shall not expire and will remain effective indefinitely until rescinded in writing. I hereby hold
harmless and release the Diocese and all entities, representatives, employees, and agents operating under its authority	
from all claims, demands, and causes of action w hich I, my heirs, or any other persons acting on my behalf or on behalf	
of my estate have or	may have by reason of actions to which this authorization applies.
SIGNATURE/DAT	E:
PRINTED NAME/F	PHONE: