



Ukrainian Catholic Eparchy of Saskatoon
Українська Католицька Єпархія Саскатуну

Ukrainian Catholic Eparchy of Saskatoon Photo/Video Release Form

Event/Function: _____

Date of Event/Function: _____

I, (please print your name) _____, have been informed that the **Ukrainian Catholic Eparchy of Saskatoon** is capturing footage and/or taking photos at this event/function, and I grant the **Ukrainian Catholic Eparchy of Saskatoon** the absolute right and permission to use:

my name, photograph(s) and or video(s) of me, in any format, now known or later developed in promotional materials and/or publicity efforts.

only my photograph(s) and or video(s) of me, in any format, now known or later developed in promotional materials and/or publicity efforts.

I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/www), or other form of promotion. I release the **Ukrainian Catholic Eparchy of Saskatoon**, the photographer, their offices, employees, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

I am 18 years of age or older: yes no Date of birth: _____
month/date/year

Print Name: _____

Signature: _____

Address: _____

Phone No.: _____ Date: _____

Email _____

If this person is under 18 years of age, a legal guardian must sign below.

I certify that I am the legal guardian of the person mentioned above, and give my consent on his/her behalf.

Print Name: _____

Signature: _____

Address: _____

Phone No.: _____ Date: _____

Email _____