



Safeguarding

Ukrainian Catholic Eparchy of Saskatoon
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APPENDIX M:
EPARCHIAL

PHOTO/VIDEO/MEDIA RELEASE
FORM

(Camps may incorporate this information into their general registration document with the approval of the ECC.)

Event/Function: _____

Date of Event/Function: _____

I, _____, (please print the name of the person whose image will be in the photo or video), have been informed that the Ukrainian Catholic Eparchy of Saskatoon and _____ (Parish), or

_____ (Camp or Organization) is capturing footage and/or taking photos at this event/function, and I grant the abovementioned 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 forms of promotion. I release the Ukrainian Catholic Eparchy of Saskatoon and Eastern Canada, the parish or organization listed, 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.

With or without the following limitations: (Check if applicable)

- Names **may not** be used or tagged to the photo/video online.
- The photos or video may only be shown or displayed in person and is unavailable for posting to the internet in any form.

A. I am 18 years of age or older: yes or no. If no, legal guardian also must complete part "B".

Date of Birth: _____ (month/date/year)

Print Name: _____ Signature: _____

Address: _____

Phone No.: _____ Date: _____

Email: _____

B. If the named person (above) is a minor (under 18 years), a legal guardian must sign below.

I certify that I am the legal guardian of the person mentioned above, and as parent or legal guardian of the above-named person I hereby give my consent on his/her behalf.

Print Name: _____ Signature: _____

Address: _____

Phone No.: _____ Date: _____

Email: _____