



Catholic Charities

Diocese of Youngstown

Providing Help. Creating Hope.

MEDIA RELEASE FORM

I voluntarily agree to be photographed and/or recorded for marketing and promotional materials to be used by Catholic Charities, Diocese of Youngstown. I understand that Catholic Charities has requested my participation but has not coerced or persuaded me to do so.

I agree to hold the Agency, its employees, officers, directors, and agents harmless from any claims, suits, actions, or demands arising from media use or from any action or inaction by the Agency or media in connection with services provided to me.

Catholic Charities has provided information to help me understand my right to confidentiality and to protect my privacy, if I so desire. I release the Agency from liability in the event of inadvertent disclosure or voluntary self-disclosure.

This release does not expire, but I understand that I may revoke it at any time by submitting a written request to the offices of Catholic Charities, Diocese of Youngstown.

FOR MINORS:

Print name of minor child subject: _____

Print name of above parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

Signature:

Print Name:

Date:
