







SAINT TIMOTHY  
CATHOLIC CHURCH

### Promotional Media Release

During the Faith Formation Program Year, \_\_\_\_\_ may participate

(Child's Name)

in videotape, motion picture, audio recording or still photograph productions that involve the use of students' names, likenesses or voices. Such productions may be used for educational or exhibition purposes by St. Timothy Catholic Church in perpetuity and may be copied, copyrighted, edited and

(Parish Name)

distributed by St. Timothy Catholic Church in perpetuity unless said consent is revoked in writing.

(Parish Name)

News media, including representatives of television, radio, newspapers and magazines, also often are permitted on parish property and may take notes, still, photos, sound recordings and/or moving pictures that may include your child. These items may appear or be used in news or feature stories by print, television or radio media.

You have the right to object to the use of your child's name, picture or voice in these productions and may do so by completing the form below and returning it to the Parish Director of Faith Formation for St. Timothy Catholic Church.

(Parish Name)

If you have any questions, please contact the Faith formation office at:

813-961-1716/gina@sainttims.org . Please return this form by August 1, 2019.

(Phone/E-Mail)

(Date)

I/We, the undersigned, **do** or **do not** hereby consent that:

(Circle One)

St. Timothy Catholic Church may use the name, portrait, or other likeness of my child for

(Parish Name)

St. Timothy Catholic Church bulletin boards, Website, news releases, media and promotional activities.

(Parish Name)

This consent is renewed at the beginning of each Faith Formation Program Year.

**(complete one for each child)**

Student's Name

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Father or Legal Guardian's Name (print)

\_\_\_\_\_  
Father or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother or Legal Guardian's Name (print)

\_\_\_\_\_  
Mother or Legal Guardian's Signature

\_\_\_\_\_  
Date



**Faith Formation  
Pick-up Authorization & Allergy Form**

Child #1 Name: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

<b>Office Use Only</b>	
Class:	_____
Class:	_____
Class:	_____

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Authorized to Pick-Up (other than parents)	Phone Number #1	Phone Number #2

**Allergy Information**

<b>Child 1:</b>	
<b>Child 2:</b>	
<b>Child 3:</b>	

I authorize my children to be photographed for the bulletin, First Communion and church website (no names attached). \_\_\_\_\_  
(Parent/Guardian Signature)