



CONSENT FORM for PHOTOGRAPHY and VIDEO



I, the undersigned, hereby consent to the collection and use of photographs and video footage at St. Therese Institute of Faith and Mission (STI) of *my child(ren), or myself, or others named below for whom I have the right to sign on their behalf*, for the purpose of promoting STI and its events and programming, across any mediums used by STI including online and in print.

Event/ Program: _____

Date(s): _____

Name(s) of event participant(s) – Please print:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

X

Signature of Participant / Legal or appointed Guardian(s)

Date

This **consent may be cancelled** at any time by providing written notice to St. Therese Institute of Faith and Mission.

St. Therese Institute - Photo & Video Consent Form.docx r4