

SISTERS OF THE PRESENTATION

of the Blessed Virgin Mary

2360 Carter Road | Dubuque, IA 52001 | 563.588.2008 | www.dbqpbvms.org

Photo/Video/Media Release Form

OPT-IN

I, _____ (please print name clearly)
hereby consent and authorize the Sisters of the Presentation and/or their initiated ministries to use, edit, reproduce and/or publish photos and/or videos taken of me, for use on the Sisters of the Presentation web site, social media, published videos and/or printed publications.

I fully acknowledge that my picture and name may appear in this public material.

I understand that since my participation in publications/videos produced by the Sisters of the Presentation is completely voluntary, I will receive no financial compensation regarding the use of my photo(s)/video(s) and that I may not be informed in advance of the specific usage of my image/video.

I understand that this material may be used in various internal or external publications, community website, social media, internet or other related venues. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. Consequently, the Sisters of the Presentation and/or their initiated ministries may publish materials, use my name, photograph/video, and/or make reference to me in any manner that the congregation deems appropriate in order to promote the mission and ministry of the congregation.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release the Sisters of the Presentation, its employees and/or their initiated ministries from any liability inherent in the use of my photograph(s) and/or video(s). I consent to and understand that the photographs or other recordings of information will become property of the Sisters of the Presentation.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

OPT-OUT

I do not authorize the Sisters of the Presentation or its employees to use my image, photo and/or video in external Presentation publications, marketing or public relations material, including the Presentation website or its related social media.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

Please be advised that: Images and videos taken in public spaces and/or at public events do not require authorization for publication. It is your responsibility to notify on-site photographers that you have signed the opt-out release.

Please return to the Communications Department. A copy will also be on file in the Human Resources Department.

I Agree. Please check this box to consent to allowing your data to be stored within the guidelines outlined in our privacy policy.*



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Photo/Video/Media Release Form - Minor Child

OPT-IN

I, _____ (please print name clearly)
hereby consent and authorize the Sisters of the Presentation and/or their initiated ministries to use, edit, reproduce and/or publish photos and/or videos taken of my minor child that may be in my care, for use on the Sisters of the Presentation web site, social media, published videos and/or printed publications.

I fully acknowledge that my child's picture and/or name may appear in this public material.

I understand that since my child's participation in publications/videos produced by the Sisters of the Presentation is completely voluntary, there will be no financial compensation regarding the use of my child's photo(s)/video(s) and that I may not be informed in advance of the specific usage of my image/video.

I understand that this material may be used in various internal or external publications, community website, social media, internet or other related venues. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed. Consequently, the Sisters of the Presentation and/or their initiated ministries may publish materials, use my name, photograph/video, and/or make reference to me in any manner that the congregation deems appropriate in order to promote the mission and ministry of the congregation.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release the Sisters of the Presentation, its employees and/or their initiated ministries from any liability inherent in the use of my child's photograph(s) and/or video(s). I consent to and understand that the photographs or other recordings of information will become property of the Sisters of the Presentation.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Name(s) of Minor: _____ Age: _____

OPT-OUT

I do not authorize the Sisters of the Presentation or its employees to use my minor child's image, photo and/or video in external Presentation publications, marketing or public relations material, including the Presentation website or its related social media.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Name(s) of Minor: _____ Age: _____

Please be advised that: Images and videos taken in public spaces and/or at public events do not require authorization for publication. It is your responsibility to notify on-site photographers that you have signed the opt-out release.

Please return to the Communications Department. A copy will also be on file in the Human Resources Department.

I Agree. Please check this box to consent to allowing your data to be stored within the guidelines outlined in our privacy policy.*

