

Release Form

I grant to **St Alphonse Parish of Luxembourg** permission concerning any photographs that has taken or may take of me or in which I may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any and all media now or hereafter known, including the internet, and for any purpose whatsoever, specifically including illustration, promotion, art, editorial, advertising, and trade, without restriction as to alteration;

I release and discharge **St Alphonse Parish of Luxembourg** from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy. This authorization and release shall also inure to the benefit of the heirs, legal representatives, licensees, and assigns of **St Alphonse Parish of Luxembourg**, as well as the person(s) for whom took the photographs. I am a legally competent adult giving authorization to my child and have the right to contract in my own name as guardian. I have read this document and fully understand its contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

CHILDS NAME:

EMAIL ADDRESS:

HOME ADDRESS: _____

IN CONSIDERATION OF HAVING RECEIVED FIRST HOLY COMMUNION PHOTOS IN RETURN FOR POSING FOR PHOTOGRAPHS TAKEN ON _____: AT (location):
St Alphonse Catholic Church Luxembourg

DATE: _____

Signature: _____ Print Name: _____

I acknowledge I am Signing on behalf as Parent/Guardian

(Childs Name) _____