

MEDIA RELEASE FORM

Catholic Diocese of Dallas 3725 Blackburn Street Dallas, Texas 77002

I hereby grant permission to _____(Parish/School),
to allow my child/myself, _____to be
photographed and/or interviewed.

It is my understanding that this photograph/interview or portions thereof will be used for public
view. I agree to participate in this project without financial remuneration, and I understand that
this releases _____(Parish/School),
and the Diocese of Dallas from any future claims as well as from any liability arising from the
use of said photograph/interview.

Name _____
(Please print name of person to be photographed/interviewed)

Address _____

City, State, Zip _____

Signature (of Parent or Guardian) _____

Date _____