

|  |
| --- |
|  |
| **Permissions to Publish Consent Form** |
|  |
| **PHOTO/VISUAL CONSENT** |
|  |
| Name (Parent/Legal Guardian, printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| of minor child(ren)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Gives permission for (name) Cindee Case, MPS\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| of Diocese of Youngstown Office of Youth & Young Adult Ministry . |
|  |
| I give permission for my son/daughter to be photographed or videotaped to be shared for the 2020 Diocesan Youth UnConvention website and social media of the |
| The Diocese of Youngstown for spiritual, informational or educational purposes.Dyc2020.weebly.com |
|  |
| **OR** |
|  |
| I have read the Photo/Visual Consent and do NOT give permission for my child to the above request. |
|  |
|  |
| **PERMISSION TO PUBLISH ON THE INTERNET** |
|  |
|  |
| I give The Diocese of Youngstown Office of Youth and Young Adult Ministry the right to use the following student material for my son or daughter for inclusion on the internet on the Diocesan websites/social media/YouTube. |
| I affirm that I have the legal right to issue such consent. |
|  |
| **Check ALL that apply. (A blank space indicates the intent of the parent or guardian to NOT allow that information on the Parish Website.** |
|  |
| First name only  Photo of Student work |
|  |
| Group photograph/video  Individual student photograph/video |
|  |
|  |
| SIGNATURE Date\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Please return ASAP to: Cindee Case, Diocese of Youngstown,144 W. Wood St., Youngstown OH 44503, or scanned to ccase@youngstowndiocece.org |

(OY&YAM adapted October 2020)