

# Photographic Release Form

I / We, the undersigned (PRINT NAME HERE) \_\_\_\_\_  
participant(s), do hereby consent to have photographs taken of me for use in any form  
of media and/or publicity material produced or printed by the Archdiocese of Toronto  
(ShareLife) or other appropriate partners.

The undersigned authorizes the photographer/production company to make  
reproductions of the photograph(s) to be used at the full discretion of the above-  
mentioned parties.

The undersigned releases and forever discharges the aforementioned parties and the  
photographer/production company against all actions and claims.

\_\_\_\_\_  
**PARTICIPANT'S NAME**

\_\_\_\_\_  
**PARTICIPANT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**