

Diocese of Superior  
Youth Image and Recording Release Form

The Diocese of Superior and its affiliated parishes and schools may wish to use an image and/or recording of your child in print and electronic publicity and virtual education. It is the practice of the Diocese of Superior to protect all children at all times including the public use of their image and/or recording. This document has been developed to inform parents and guardians of their right to grant or refuse permission for their child's image and/or likeness to be used in Diocesan and affiliated parish and school media, promotional materials, and virtual education. Permission to use any video recording, photograph, slide, audio recording, or any other visual or audio reproduction in which your child may appear may include promotional and educational activities such as, but not limited to, websites, social media sites, newsprint, flyers or brochures, virtual classroom. We reserve the right to determine which image and/or recording is used and how long it will remain on the site or is used in media materials.

Diocesan Department, Parish or School Initiating this form: Immaculate Conception Church

Contact person: Kristin Dittman Phone: 715-246-4652 ext 260 Email: [k.dittman@ic-church.com](mailto:k.dittman@ic-church.com) Fax: 715-246-2526

**Parents and Guardians:**

Please carefully read the statements below. Indicate your permission or refusal of permission by signing and dating the appropriate statement.

[ I YES, I give permission to the Diocese of Superior and affiliated parishes and schools to use my child's image and/or recording for above-said use.

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

I understand that both print and electronic media have a large audience and that my child(ren)'s photographic image and/or recording may have wide distribution.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

[ I NO, I do not give permission to the Diocese of Superior and affiliated parishes to use my child's image and/or recording for above-said use.

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN THIS ENTIRE FORM TO THE CONTACT PERSON LISTED ABOVE.