



**The Gift of the Eucharist Video Contest
Parental Photo/Video Release**

I, _____, grant permission for my Child/Ward, _____,
(Parent or Guardian's name) (Child/Ward Name)
to participate in the Gift of the Eucharist Video Contest sponsored by the Diocese of Charleston.

Please check the following to acknowledge consent.

I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, and websites.

I give consent for my child's name and parish/school affiliation to be published in connection with the Gift of the Eucharist Video Contest.

I hereby authorize and give full consent to the Diocese of Charleston to publish and use all photographs, videos, written extractions, and voice recordings in which my child appears in connection with the Gift of the Eucharist Video Contest. The Bishop of Charleston, A Corporation Sole, shall own the copyrights to all such photographs, videos, written extractions, and voice recordings.

Signature: _____ Date: _____