

NEW LIFE

Youth Ministry Permission Form

Name of Student: _____

Age: _____

Grade: _____

Name of Parent(s) or

Guardian(s): _____

Mailing Address: _____

E-mail: _____

Phone: _____

Emergency Contact Information

In case of emergency and we are unable to reach the Parents

Emergency Contact Name: _____

Phone: _____

Alternate Phone(optional): _____

(Please turn over)

APPEARANCE RELEASE

For good and valuable consideration, receipt of which is hereby acknowledged, I authorize Saint Louis Catholic Church. and their respective parents, affiliated, subsidiaries, licensees, successors and assigns to make use of my appearance for the creation of information and promotional materials for Saint Louis Youth & Young Adult Ministries and in connection with Producer and/or Company or otherwise.

I agree that you may tape and photograph me, and record my voice, conversation and sounds, including any performance of any musical composition(s), during and in connection with my appearance and that you shall be the exclusive owner of the results and proceeds of such taping, photography and recording with the right, throughout the world, and unlimited number of times in perpetuity, to copyright, to use and to license others to use, in any manner, all or any portion thereof or of a reproduction thereof in connection with the Program or otherwise. For purposes of clarity, I expressly waive any and all moral rights I may have in connection with my appearance.

I further agree that you may use and license others to use my name, voice, likeness and any biographical material concerning me which I may provide, in any and all media and in the promotion, advertising, sale publicizing and exploitation of the Program and in connection with Producer and/or Company or Company's affiliated services, throughout the world in all media, an unlimited number of times in perpetuity. I further represent that any statements made by me during my appearance are true, to the best of my knowledge, and that neither they nr my appearance will violate or infringe upon the rights of any third party.

I hereby waive any right or inspection or approval of my appearance or the uses to which such appearance may be put. I acknowledge that you will rely on this permission potentially, at substantial cost to you and hereby agree not to assert any claim of any nature whatsoever against anyone relating to the exercise of the permissions granted hereunder.

(Value Received: in the event that I receive any goods, services, cash prizes, or other valuable consideration by reason of my participation in the Program, I understand that I am responsible for paying all applicable taxes that may be imposed thereon, and I release and indemnify Producer and Company from any liability therefore. I understand that the value of any such goods, services or prizes may range from nominal amount to much greater amount. I further understand that I must properly complete and submit to Producer and IRS Form W-9.)

I am parent or guardian of the minor named in this release and consent and I hereby agree that I and the said minor will be bound by all the provisions contained herein.

STUDENT'S NAME: _____ Date of Birth: ____ / ____ / _____

Guardian Name Signature Parent/

Parent's Address w/ Zip: _____ Date: ____ / ____ / _____