

**PHOTO CONSENT FORM**

I, \_\_\_\_\_ with a mailing address of \_\_\_\_\_ City of \_\_\_\_\_, State of \_\_\_\_\_ (the “Releasor”) grant permission and give my consent to **St. Thomas of Villanova Parish** (the “Releasee”) for the use of the following photograph(s) or electronic media images as identified below for presentation under any legal use:

**IMAGES TAKEN BETWEEN JANUARY 2023 – DECEMBER 2024** – To be used for print, website, facebook, Instagram, general media.

Releasor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Releasee’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Revocation (check)  - I understand that I may revoke this authorization at any time by notifying \_\_\_\_\_ in writing. The revocation will not affect any actions taken before the receipt of this written notification. Images will be stored in a secure location and only authorized staff will have access to them. They will be kept as long as they are relevant and after that time destroyed or archived.