

# Mission and Mobilization – Chapter Leader and Volunteer Release Form

## Release Form for Photos, Video, Interviews and Artwork

I grant Catholic Relief Services (CRS), its affiliates, and all persons acting under its authority permission to do the following to promote CRS programs:

- to use my name and/or my child's name;
- to interview me and/or my child and use our statements;
- to film, photograph, tape and/or make a video reproduction of me and/or my child;
- to use my child's original materials;
- to disclose information about my and/or my child's situation (such as an illness or story).

I understand that CRS publications may be widely distributed, and I understand that my involvement with CRS will in no way be affected by my decision to give or refuse permission. I give this permission without expectation of compensation, and without expiration. Future uses do not require additional permission from me.

Name of adult/parent/guardian (print) \_\_\_\_\_

Signature or thumbprint \_\_\_\_\_

Address (or village) and country \_\_\_\_\_

Date \_\_\_\_\_

**For children (17 and under):** The parent/legal guardian who signed above gives this permission on behalf of the child/children named below:

| Child's Name | Age   | Signature or thumbprint if 10 years or older |
|--------------|-------|--|
| _____        | _____ | _____  |
| _____        | _____ | _____  |
| _____        | _____ | _____  |

\* \* \* \* \*

**The following is required if the release form has to be read to the signer.**

I certify that I have read this release form in full to the person(s) whose signature or thumbprint appears above, including children who are 10 years or older.

\_\_\_\_\_  
*Signature of CRS staff person, partner, or community leader who read the statement*

**Photographer: List here the photo filenames connected with this release:**