



St. John of God Community Services

Archbishop Damiano School—Here We Grow Learning Center—Adult Services—Early Intervention—Faith Formation

Media/Photography Release Form

Dear Parents/Guardians/Clients:

Throughout the year, there are always a number of occasions worthy of sharing with the general public, such as events, announcements, or moments of personal achievement. Often times, this is done through our social media, online website, or print publications. Depending on the circumstance, it is also possible for members of the news media to be on the premises during these occasions, and they may also wish to collect photos, videos or information for their own reporting purposes. When these moments arise, it is important that St. John of God Community Services and its affiliate organizations, The Hospitaller Order of St. John of God, Archbishop Damiano School and The Hospitaller Brothers of St. John of God—Development Corporation and the Dioceses of Camden ("St. John of God Community Services and Affiliates") know how to proceed with the individual identified below.

Please select one:

- Yes.** I grant full permission for _____'s image and/or full name to be used in **any promotional materials online, on film, or in print by St. John of God Community Services and Affiliates, as well as the general news media.** By checking this box, I waive the right to inspect any product containing the identified individual's name and/or photo prior to publishing. I also waive the right to hold St. John of God Community Services and Affiliates responsible for the usage of the identified individual's photo or name. I understand that there will be no compensation associated with the use of the identified individual's photo and/or name.
- Yes.** I grant permission for _____'s **photo and first name, only**, to be used in **any promotional materials online, on film, or in print by only St. John of God Community Services and Affiliates.** By checking this box, I waive the right to inspect any product containing the identified individual's name and/or photo prior to publishing. I also waive the right to hold St. John of God Community Services and Affiliates responsible for the usage of the identified individual's photo and/or name. I understand that there will be no compensation for the use of the identified individual's photo and/or name.
- No.** I do not wish to have _____'s photo or name used for any promotional materials by St. John of God Community Services and Affiliates or by the news media.

If you have any questions regarding this document or would like to change your permissions at any time, please call Shannon Reyes at (856) 848-4700, ext. 1231 or email at sreyes@sjogcs.org.

Name of the Identified Individual _____ Date _____

Name of Parent / Guardian (not applicable if you are your own guardian) _____

Parent's/Guardian's Signature _____