Media Consent and Release Form

I give my consent to The Diocese of Hereford, its affiliates and agents, to use my image and likeness and/or any interview statements from me in all media known now or in the future. This consent includes, but is not limited to:

a) Permission to interview, film, photograph, tape, or otherwise make a video reproduction of me and/or record my voice;

b) Permission to use my name; and

c) Permission to use quotes from the interview(s) (or excerpts of such quotes), the film, photograph(s), tape(s) or reproduction(s) of me, and/or recording of my voice, in part or in whole, in its publications, in newspapers, magazines and other print media, on television, radio and electronic media (including the Internet), in theatrical media and/or in mailings.

I also understand that I am able to withdraw my consent at any time, and will contact the Diocese of Hereford Communications Team to notify them of my withdrawal.

Purpose of recording: ________________________________
Recording Medium: Audio Film Photography Written
Location: _______________________________________
Date: _______ / _____ / ______
Print Name: ______________________________________
Signature: _______________________________________

Please sign below if you are signing on behalf of the person above, (if subject is under 18 / as a legal guardian / carer / family member / responsible person)

Print Name: ______________________________________
Relationship to Subject: ______________________________
Signature: _______________________________________

On behalf of the Diocese of Hereford

I certify that I have read this consent form in full to the parent/legal guardian whose signature appears above.

Job Title: ______________________________
Signature: ______________________________