



# ST. MARGARET, QUEEN OF SCOTLAND

ST. THOMAS CHAPEL • SPRINGFIELD

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## PHOTOGRAPHY CONSENT AGREEMENT & RELEASE OF LIABILITY (Adult & Minor Participant Form)

**PLEASE PRINT CLEARLY. FORMS MUST BE  
COMPLETED FOR/BY EACH PERSON ATTENDING!**

In consideration of the taking and use of the photographs of the named below (“Adult” or “Minor”), for good and valuable consideration herein acknowledged as received, I hereby grant to St. Margaret, Queen of Scotland Catholic Church the irrevocable and unrestricted right and permission to take, use, reuse, publish, and republish photographic pictures of the “Adult or Minor” or in which the “Adult or Minor” may be included, made through any medium and in any and all media now or hereafter known for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. I also consent to the use of any published matter in conjunction therewith. I hereby waive any right that I or the Minor may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied. In exchange for the benefits derived by my participation and/or the Minor’s participation in this project, I hereby agree that I, my heirs, distributees, guardians, legal representatives, and assigns do release and will indemnify, hold harmless the photographer, St. Margaret, Queen of Scotland Catholic Church, and its agents for claims for libel or violation of any right of publicity or privacy arising out of or in connection with my participation or the Minor’s participation in the photography project, from whatever cause, including the active or passive negligence of the photographer, St. Margaret, Queen of Scotland Catholic Church, or its agents.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS  
CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF  
MY OWN FREE WILL.**

Minor Participant (Print Name) \_\_\_\_\_

Signature of Parent/Guardian for consent: \_\_\_\_\_ Date \_\_\_\_\_

Print Parent’s Name: \_\_\_\_\_

Adult Participant (Print Name) \_\_\_\_\_

Signature of Adult: \_\_\_\_\_ Date \_\_\_\_\_