



DIOCESE OF VENICE IN FLORIDA

Communications Department

Photo Release Form

Diocese of Venice in Florida
1000 Pinebrook Road
Venice, FL

Permission to Use Photograph

Subject: _____

Location: _____

I grant to the **Diocese of Venice in Florida**, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize the **Diocese of Venice in Florida**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that the **Diocese of Venice in Florida** may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Organization Name (if applicable): Church of the Resurrection of Our Lord

Address: 8121 Cypress Lake Drive, Fort Myers, Florida 33919

Date _____

Signature, parent or guardian _____
(if under age 18)