

Our Lady of Guadalupe Church

7201 15TH AVENUE
BROOKLYN, N.Y. 11228

TEL. (718) 236-8300 • FAX (718) 236-8119



Consent to Photograph, Film, or Videotape a Minor

Name of Minor: _____

Program Name: *Our Lady of Guadalupe Faith Formation*

I, _____, hereby consent to participation in interviews, the use of quotes and the taking of photographs, movies, or videotapes of my son/daughter as part of his/ her in the Sacrament preparation at Our Lady of Guadalupe Church for the entire time that he/she is enrolled.

I understand and consent that these photograph, movies, or videotapes may be placed on our website/internet. I also hereby release the parish and Diocese of Brooklyn from any claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian

Date

Address of Parent/Guardian

_____ I do not give permission