



Archdiocese  
of Toronto

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## Archdiocese of Toronto Photo/Video Release Form

I/we, the undersigned (PLEASE PRINT NAME) \_\_\_\_\_  
do hereby consent to have photographs and/or videos taken of me for the use in any  
form of media and/or any publicity material produced or printed by the Archdiocese of  
Toronto or other appropriate partners. The undersigned authorizes the  
photographer/videographer to make reproductions of the photographs and/or videos  
to be used at the full discretion of the above-mentioned parties.

The undersigned releases and forever discharges the aforementioned parties and the  
photographer/videographer/production company against all actions and claims.

\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE**

\_\_\_\_\_  
**PARTICIPANT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**