



THE EPISCOPAL
DIOCESE OF
MILWAUKEE



804 E. Juneau Ave., Milwaukee, WI 53202

Consent to photograph, film or video tape an adult or minor for non-profit use

Name: _____ Parish: _____

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the adult or minor named above by _____ . I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Episcopal Diocese of Milwaukee and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if person is under 18): _____

Date: _____

Address of Parent/Guardian:

OR

Signature of Person (if 18 or over): _____

Date: _____

Address: _____
