

CATHOLIC CHARITIES OF CENTRAL TEXAS
PHOTO/PUBLICITY RELEASE

DATE: _____

Permission is hereby granted for _____ to be photographed for publicity (all print and electronic media) purpose and to publicly speak about his/her personal experiences in order to educate the public on the function of the services offered by Catholic Charities of Central Texas.

Catholic Charities of Central Texas , its Board of Directors, individuals who work for Catholic Charities of Central Texas, as well as all Austin area media, have my permission to use my photograph and/or any written and/or verbal expressions of my personal experiences with the above named Catholic Charities of Central Texas Office of Immigrant Concerns.

I waive all claims for any compensation and/or damages and I do not hold liable the above named organizations, and/or individuals who work for these organizations, for any such use of above described photographs and/or materials, written and/or verbal.

Signed: _____ (Name of volunteer to be publicly featured)

Signed: _____ (Parent/legal guardian if volunteer is under 21)

Signed: _____ (Agency Representative)