



## Annual Media Release Form

**Complete One Form per Child**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Year

(where applicable): \_\_\_\_\_

Our parish and/or school, \_\_\_\_\_, uses images, interviews, and videos of our children for a variety of internal and external communications. Our forms of internal and external communications include but are not limited to: print, such as newspapers, bulletins, and newsletters; photographs and digital images; film and videos; web posts, web pages, and image carousels; social networking platforms including but not limited to Facebook, Twitter, and Instagram.

We follow the Archdiocese of Atlanta's [Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors](#). Please see this resource for more information.

**Please indicate below whether our parish and/or school has permission to circulate interviews, images, and/or videos of your child for all parish and/or school events for one year:**

☐ I hereby grant permission for the following parish and/or school, \_\_\_\_\_, to use images and interviews of my child, \_\_\_\_\_, for internal or external communications for **one year**. My child may be photographed and/or interviewed for *The Georgia Bulletin*, and other media outlets. I understand content may be reprinted in *The Georgia Bulletin* or other media for public dissemination, including but not limited to film; video; television; radio; newspapers such as *The Atlanta Journal and Constitution*; websites and online platforms; and social media networks including but not limited to Facebook, Twitter, and Instagram. I release and relieve the parish and/or school, and the Archdiocese of Atlanta, from any responsibility or liability for any claims arising from the publication or reproduction of any photographs or interview in any news or other media. I waive any and all right to inspect or approve the finished images, video, or printed matter that may be used in conjunction with any image or video, or to approve the eventual use for which it may be applied.

I understand that photographs, videos, and/or interviews are being done with the knowledge and approval of the parish and/or school, and that a signed release form is required for every participating individual.

☐ NO, I do not want my child included in, nor my child's image used, in any internal or external communications. *This does not include Catholic School yearbooks or newspapers.*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of Parent or Legal Guardian*

***Please contact your Parish Catechetical Leader or School Administration immediately to adjust your media release permissions.***

**FOR OFFICE USE ONLY: Supplant this release annually. Keep the most recent release until the child is 20.**

THE ROMAN CATHOLIC  
ARCHDIOCESE OF ATLANTA



## Permission to Contact Youth

Complete One Form per Child

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Our parish and/or school, \_\_\_\_\_, follows the Archdiocese of Atlanta's [Social Media Policy and Guidelines for the Use of Social Networking Sites with Minors](#) for contacting youth via social media. We may also use text messages, email, and parish/school-approved online/virtual platforms to contact youth. Per this policy and guidelines, parents must be made aware of how social media and electronic communications are being used. *Parents must be told how to access the sites, and be given the opportunity to be copied on all material sent to their children.*

After receiving written permission to communicate with young people, Archdiocesan employees should be encouraged to save copies of conversations whenever possible, especially those that concern the personal sharing of a teen or young adult. Please reference the policy and guidelines for more information.

**Please indicate below whether our parish has permission to contact your child:**

☐ I hereby grant permission for the following parish and/or school, \_\_\_\_\_, to contact my child, \_\_\_\_\_, for internal or external communications for **one year** via social media, email, text, and/or parish/school-approved online/virtual platforms. I understand I can request the same communications provided to my child, and that it does not have to be via the same technology (for example, if children receive a reminder via Twitter, parents can receive it in a printed form or by an email list).

☐ NO, I do not want my child contacted or communicated with in any way.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of Parent or Legal Guardian*

***Please contact your Parish Catechetical Leader/School Administration immediately to change these permissions.***

**FOR OFFICE USE ONLY: This form is to be kept for current year. Supplant annually until the child is 18.**

# Archdiocese of Atlanta

## Office of Child and Youth Protection



TO: Parents

FROM: \_\_\_\_\_

CITY: \_\_\_\_\_

SUBJECT: VIRTUS – Teaching Touching Safety Notice / Opt-Out Form

Date: \_\_\_\_\_

\_\_\_\_\_ will present a sexual abuse prevention program, *Teaching Touching Safety*, to our students on \_\_\_\_\_. This program is provided to us by the Archdiocese of Atlanta and is a part of our ongoing effort to help create and maintain safe environments for all children and youth and to protect all of them from sexual abuse. The scheduled lesson is being offered to all students at \_\_\_\_\_. As a parent, you have the right to choose whether your student participates in the program. We encourage you to read the “overview” and “lesson plan” assigned to your child’s age group to understand exactly what your child will be taught.

**It is important to note, this is basic prevention education and is in no way to be considered sex education or education on private body parts.** Neither of these components fall within our educational mandate to provide your child with the information needed to keep them safe from those who would do them harm.

If you determine that you **DO NOT** want your child to participate, please complete the “opt-out” form at the bottom of this page, and return it to your child’s teacher no later than \_\_\_\_\_.

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### Opt-out form for use with the Teaching Touching Safety Program for Children:

\_\_\_\_\_ does not have my permission to present the Teaching Touching Safety program, to my child/children:

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Parent’s Name (printed) \_\_\_\_\_

Parent’s Signature \_\_\_\_\_ Date: \_\_\_\_\_