

Parental/Guardian Statement of Intent for the Use of Social Communications and Personal Representation for and the Diocese of Green Bay

CERTIFICATION, ACKNOWLEDGEMENT AND AUTHORIZATION FOR CONSENT AND RELEASE FORM FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS AND INDIVIDUALS AT RISK

I am the parent or legal guardian of _____ (full name of minor/individual at risk).

_____ I certify that he/she is at least 13 years old. **OR** _____ I certify that he/she is less than 13 years old.

I have been made aware of the *Safe Environment Social Communications Policy for the Diocese of Green Bay*.

Permission for ministry representatives to digitally communicate with your minor/individual at risk	
_____ Yes , I authorize...	communication with my minor/individual at risk electronically, including via social media or other digital means, in accordance with the <i>Safe Environment Social Communications Policy for the Diocese of Green Bay</i> by staff ministry representatives of or diocesan-affiliated ministry representatives of the Diocese of Green Bay.
_____ No , I do not authorize...	

Parental access	
_____ Yes , I request...	access any communication or content involving my minor/individual at risk according to the archive, access and availability guidelines established by
_____ No , I waive...	

Multimedia release	
_____ Yes , I do...	authorize and consent that _____, the Diocese of Green Bay and anyone authorized by _____ or Diocese of Green Bay be permitted to use and publish for general communications, advertising, commercial and publicity purposes, the likeness of my minor/individual at risk and their original work for any other lawful purpose whatsoever, including video, audio, photographic portraits, pictures, reproductions, quotations, made through any medium, including social or other electronic media, in accordance with the <i>Safe Environment Social Communications Policy for the Diocese of Green Bay</i> .
_____ No , I do not...	

This statement of intent, and if indicated - consent, is valid until revoked. If I choose to rescind my consent to the Authorization, I agree that I will inform _____ in writing and that my rescission will not take effect until it is received by _____. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I have read this certification, acknowledgement, statement of intent and if indicated, release, and have had the opportunity to consider its terms, and understand it. I execute it voluntarily and with knowledge of its significance.

Parent/Guardian Name (please print): _____

Email address: _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____ Date: _____