

Diocese of Columbus
Diocesan Recreation Association
197 E. Gay Street
Columbus, Ohio 43215

Parent's Consent for Release of Personally Identifiable Information

The undersigned parents of _____, a member of
(Child's name)
_____ hereby consent to the release of the
(Parish name)

following personally identifiable information.

Photos without names of the athletes will be released.

Photos will be used to help promote the activities and acknowledge the achievements of the participants in the Diocesan Recreation Association.

Information will primarily be released through the Catholic Times and on the Diocesan Recreation Association website at www.cdeducation.org/rec

The undersigned consent to the transfer of the above information to a third or subsequent party.

(Parent's name) (Date)

(Parent's name) (Date)

A copy of the release is requested: Please check one.

_____ Yes _____ No