

**MEDIA RELEASE FORM (for all those under 18 years of age)**

I, \_\_\_\_\_, parent/guardian with a mailing address of \_\_\_\_\_, city of \_\_\_\_\_, state of \_\_\_\_\_ grant permission to the Focolare Movement and its members to record, photograph, or capture video/audio of my daughter or son \_\_\_\_\_, a minor, before and during the Foco School 2025 trip.

(Print full name)

I grant permission to use such photograph(s) or electronic media images for any legal use, including but not limited to print, social media, website, promotional materials, educational use.

**Revocation (check box)**

I understand that I may revoke this authorization at any time by providing written notice to Focolare Movement. Revocation will not apply to photographs, video, or audio recordings already captured prior to the date of revocation. Revocation will only prevent future use of my image, likeness, or voice by the Focolare Movement after the date the written notice is received. Any materials already published, printed, distributed, or posted online prior to revocation may continue to be used and will not be recalled or removed.

This form can be submitted online and by entering my full name, I attest that this constitutes my legal electronic signature on it.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

