

HOLY SPIRIT ACADEMY DISCLOSURE, AUTHORIZATION, CONSENT AND RELEASE FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATION INVOLVING MINORS

I am the parent or legal guardian of _____ full name of minor) (“My Child”).

I certify that My Child is at least 13 years old.

I have been made aware of the **Holy Spirit Academy** Acceptable Use Policy for Electronic Communications and the Social Media Policy of **Holy Spirit Academy**.

I authorize staff or other leaders of **Holy Spirit Academy** to communicate with My Child electronically, including via social media, text, email and phone in accordance with the Acceptable Use Policy for Electronic Communications. Church Personnel are not required to share non-private communications, such as those sent to youth groups regarding meeting locations or times, or other administrative matters. If any staff or other leaders knowingly communicate privately with a minor as a part of his or her duties for or on behalf of **Holy Spirit Academy**, reasonable steps must be taken to send to me the same communication content, not necessarily via the same technology.

I acknowledge that to review or receive public communications shared via social media with My Child, I will need to become a fan or follower of the same social media. I understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

AUTHORIZATION, CONSENT AND RELEASE FOR USE OF VISUAL LIKENESSES AND ORIGINAL WORKS OF MINORS

I authorize and consent that **Holy Spirit Academy** and the Archdiocese of Saint Paul and Minneapolis be permitted to use and publish for general communications, advertising, commercial or publicity purposes, or for any other lawful purpose whatsoever the likeness of My Child and My Child’s original work, including video, photographic portraits, pictures, or reproductions, made through any medium, including social or other electronic media, in accordance with the Acceptable Use Policy for Electronic Communications and the Social Media Policy, **provided only the first name (not the family name) is identified if any name is used.** I hereby release **Holy Spirit Academy**, the Archdiocese of Saint Paul and Minneapolis, and anyone authorized by **Holy Spirit Academy** or Archdiocese of Saint Paul and Minneapolis with such use.

This consent regarding My Child’s likeness or original work is valid for one year.

If I choose to rescind my authorization and consent, I agree that I will inform **Holy Spirit Academy** in writing and that my rescission will not take effect until it is received by **Holy Spirit Academy**. 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 the above Disclosures, Authorizations, and Releases, have had the opportunity to consider their terms, and understand them. I execute this document voluntarily and with knowledge of its significance.

Parent/Guardian Name (please print): _____

Email address: _____

Address: _____

Phone number: _____

Signature of Parent/Guardian: _____ Date: _____