

Catechesis of the Good Shepherd Association of Canada

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CONSENT FORM FOR REPRODUCTION AND DISTRIBUTION OF CHILD'S WRITING AND/OR ARTWORK AND/OR PHOTOGRAPH

The Catechesis of the Good Shepherd Association of Canada (**CGSAC**) is a network of catechists and others interested in building up the Catechesis of the Good Shepherd in Canada. We would like to consider *your child's work and/or photograph for possible publication in our newsletter, on our website, video, Facebook and Twitter or other future publications.* Please complete, sign and date this form if you consent to the use of the above mentioned of your child's work or photograph by the Catechesis of the Good Shepherd Association of Canada.

work of photograph by the catechesis of the good shephera	7.0000000000000000000000000000000000000
Child's name:	Age:
Name and legation of atrium.	
Name and location of atrium:	
Catechist's name:	
Additional comments:	
- Additional Salarian	
I hereby certify that I am the parent or guardian of the above-named minor child, and warrant that I have the legal	
authority to execute this consent form on behalf of this child	
I hereby give permission for CGSAC to use my child's writing, photograph and/or artwork in one of its publication in our	
	to other future publications. I understand that my child's first
name, age and the location of his or her atrium may be used to identify my child's work. I also understand that a limited amount of background information provided by the catechists- e.g. presentations recently seen in the atrium or my child's	
comments about the work – may be printed and used in connection with the publication of my child's work.	
Lagrage that I shall receive a complimentary copy of the pub	lication in which my child's work annears. I agree that if not
I agree that I shall receive a complimentary copy of the publication in which my child's work appears. I agree that if not used immediately, material collected may remain on file with CGSAC for possible future use.	
there would this consent forms hefere signing helevy and am fully aware of its contents	
I have read this consent form before signing below, and am fully aware of its contents.	
Signature:	Name:
	please print
Baciline Address	Postal Code:
Mailing Address:	Postal Code:
Telephone #:	Date:
Email	