



**CATHOLIC  
CHARITIES  
COMMUNITY  
SERVICES**

*Providing Help. Creating Hope.*

**MEDIA AUTHORIZATION AND RELEASE**

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Participant Name \_\_\_\_\_

Name of Child/Children (if applicable): \_\_\_\_\_

Signature Participant/ Parent/Guardian \_\_\_\_\_

*"A Project of the Catholic Parishes of Rockland ~ An Affiliate of The Catholic Charities of the Archdiocese of New York"*