

Community Services Department PHOTO RELEASE FORM

I _____ am the legal guardian of _____

and hereby - - Authorize - do not authorize

the City of Edmonton to use the name/image of the child named above in its public relations and communication materials created for a period of two years from date consent is signed. I realize that I may withdraw my consent in writing at any time by contacting the _____.

I understand that the photograph(s) may be used in a publication, print advertisement, direct-mail piece, electronic media (e.g., video, CD-ROM, internet, World Wide Web, Social Media, etc.) or other form of communication.

In giving my consent, I hereby release and hold harmless the Community Services Department, the City of Edmonton and their agents, employees, officials, representatives and contractors from any and all responsibility or liability for damage of any kind suffered in any manner whatsoever.

I hereby relinquish any and all personal or proprietary rights I may have in connection with such use. I understand that I will receive no compensation should any photograph of me be used.

Date: _____

Witness: _____

Legal Guardian
Signature: _____

Child's Signature: _____

This information is being collected under the Authority of Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and may be used for the administration of Community Services Department programs, including public relations events. If you have any questions about the collection, use and disclosure of this information please, contact the Program Representative _____.