



CITY OF DRYDEN
PHOTOGRAPH / VIDEO
RELEASE FORM

SECTION 1: COMPLETE IF PHOTOGRAPH / VIDEO OF INDIVIDUAL(S)

Event/Occasion: _____

Date of Event / Occasion: _____

<u>NAME (Please Print)</u>	<u>ADDRESS</u>	<u>PHOTOGRAPH/VIDEO</u> <small>(List All Individuals In Photo/Video)</small>			<u>ARE YOU UNDER 18</u> <u>YEARS OF AGE</u>				
_____	_____	Me	<input type="checkbox"/>	My child(ren)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Me	<input type="checkbox"/>	My child(ren)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Me	<input type="checkbox"/>	My child(ren)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Me	<input type="checkbox"/>	My child(ren)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Me	<input type="checkbox"/>	My child(ren)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Me	<input type="checkbox"/>	My child(ren)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Me	<input type="checkbox"/>	My child(ren)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Me	<input type="checkbox"/>	My child(ren)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Me	<input type="checkbox"/>	My child(ren)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Me	<input type="checkbox"/>	My child(ren)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
_____	_____	Me	<input type="checkbox"/>	My child(ren)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Note: A parent or legal guardian must sign if the individual being photographed/filmed is under 18 years of age, (See Section 3).

SECTION 2: DISCLAIMER AND SIGNATURE(S)

The Undersigned hereby grants permission to The Corporation of the City of Dryden (the "City of Dryden") to use photographs/videos of me and my children (the "photographs/videos") in print and in electronic media. Such photographs/videos may be used by the City of Dryden in all formats and publications including, but not limited to, newsletters, posters, brochures, websites and newspapers for publicity purposes. The Undersigned understands that once a photograph/video is posted on a website, the image can be downloaded by any computer user.

The undersigned acknowledges the City of Dryden's right to crop or edit the photograph/video at its discretion. The undersigned also acknowledges that the City of Dryden may choose not to use my photograph/video at this time, but may do so at its discretion at a later date.

The City of Dryden reserves the right to use or discontinue use of my photograph/video without notice.

Signature (if Photo / Video of Individual) _____
Name Date

Signature (Parent or Legal Guardian) _____
Name Date

SECTION 3: RECEIVED BY THE CITY OF DRYDEN

Name _____ Position _____
(Please Print) (Please Print)

Department _____

Signature _____ Date _____

Personal information contained on this form is collected pursuant to the authority outlined in the Freedom of Information and Protection of Privacy Act and will be used for program administration. Questions concerning collection of personal information should be directed to the City of Dryden's Freedom of Information and Privacy Coordinator at 30 Van Horne Avenue, Dryden, ON P8N 2A7 or 807-223-1125.