



Photo Consent Form

CONTACT INFORMATION

PARTICIPANT
NAME: _____

PHONE: _____

ADDRESS: _____

E-MAIL: _____

The Cowichan Valley Regional District (CVRD) is developing a photo library which highlights the CVRD's programs, facilities and services. These photos may be utilized in the future, in a variety of formats to promote the organization. These formats may include, but not be limited to, activity guides, posters, flyers, newspaper articles, website, and social media advertising.

The CVRD is requesting your written consent to use your photo and/or your child's photo to assist us in promoting the benefits of the CVRD. Please read the declaration below and sign that you consent to the release of your personal information (photograph/image) for the purposes and in the manner described above.

INFORMED CONSENT

Without compensation of any kind, I hereby give the CVRD the right and permission to utilize my photographs for promotional materials as outlined above.

I acknowledge that the CVRD is, and will be, the sole owner of all rights to the photographs. I hereby assign any copyright or publicity rights, or any other rights that I may have regarding the photographs to the CVRD.

I agree to release and hold harmless the CVRD, its employees, officers, agents, affiliated community association, and volunteers, by reason of the use of these photographs from any and all claims, loss or damages.

AGREED TO AND ACCEPTED this _____ day of _____, 20____.

PARTICIPANT NAME (Print): _____

PARTICIPANT SIGNATURE: _____

If participant is under 19 years of age

PARENT/GUARDIAN SIGNATURE: _____