



Video & Photo Release Form

Organization Name:

Address:

Subject:

Location:

I grant to Family & Children's Services of the Waterloo Region, its representatives, and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Family & Children's Services of the Waterloo Region, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Family & Children's Services of the Waterloo Region may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____