



STRATFORD and PERTH COUNTY
community
FOUNDATION

Photo Release Form

Please Print:

Name of subject: _____

Name of submitting organization: _____

Name of project/event: _____

Name of photographer: _____

Date of picture: _____

Please read carefully: I hereby grant permission to the Stratford and Perth County Community Foundation (the Foundation) the right to reproduce, edit, use, exhibit, display, broadcast, distribute, and create derivative works from the photographed image(s) of me, taken on the above date, for use in connection with the activities of the Foundation for promotion and publication.

This permission includes, without payment or limitation, the right to publish such images in any format or media including (but not limited to) the newspaper, promotional materials, fundraising materials, electronic media, web site, and any other related publications.

Crowd scenes where no single person is the dominant feature shall be exempt.

I understand and agree that these images shall become the property of the Foundation.

For Subjects 18 Years of Age or Older:

I am at least 18 years of age and am competent to contract in my own name. I have read this release and I fully understand the contents, meaning, and impact of this release.

Signature

Date

For Subjects Less Than Age 18:

If the subject of the picture is less than 18, consent must be given by a parent or guardian, as follows:

I hereby certify that I am the parent/guardian of the person(s) named above, and do hereby give my consent without reservation to the foregoing on their behalf:

I do not want the name of the child published with the images.

Parent/Guardian's Signature

Date

Parent/Guardian's Name Printed