

## Photo Release Form

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I consent to the use of my name, portrait, picture, or photograph being used by the Edmonton Federation of Community Leagues and \_\_\_\_\_ Community League (hereinafter called “the Community League”) for the Community League Walking Program.

I understand that this material may be used for future promotions, advertisement, social media, presentations, and/or video and in other media forms and will be made available online at [efcl.org](http://efcl.org) or the Community League’s website in print format/video/other, as applicable.

I agree that I shall have no claim against the Edmonton Federation of Community Leagues and the Community League, its membership, or against anyone accessing this communications product, whether online, in print, or by any other means.

I confirm that I am over \*18 years of age and that I have not given anyone the exclusive right to use my name, portrait, picture, or photograph.

\*If under the age of 18, a parent or guardian must sign the consent form.

Signed,

\_\_\_\_\_ Age: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

*Parent or Guardian if applicable*

Signed by: \_\_\_\_\_ for

Dependant’s name (please print): \_\_\_\_\_ Age: \_\_\_\_\_

Parent or Guardian Name (please print): \_\_\_\_\_

*Parent or Guardian Contact Information*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_