

Name of your league

# Photo-Video Release Form

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## Community League

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[insert date]

I confirm that I am over \*18 years of age and I consent to the use of my name, portrait, video or photograph being used by the \_\_\_\_\_ community league or the Edmonton Federation of Community Leagues (EFCL).

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 by \_\_\_\_\_ Community League or the EFCL in print format/video/other, as applicable.

I agree that I shall have no claim against \_\_\_\_\_ Community League or the EFCL, its membership or against anyone accessing this communications product, whether online, in print or by any other means.

\*If under the age of 18, a parent or guardian must sign 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 (email & phone):* \_\_\_\_\_

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

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