



RELEASE FORM

TO: The Corporation of the City of Burlington RE: _____
(name of individual)

RELATING TO: _____
(name of city program)

In consideration of recognition, I, the undersigned, authorize the city and/or _____ to:
(name of news agency)

- | | Yes | No | | Yes | No | | Yes | No |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--------------------------|--------------------------|
| 1. Record the name | <input type="checkbox"/> | <input type="checkbox"/> | 3. Photograph | <input type="checkbox"/> | <input type="checkbox"/> | 5. Make film or video recording | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Interview | <input type="checkbox"/> | <input type="checkbox"/> | 4. Make audio recordings | <input type="checkbox"/> | <input type="checkbox"/> | 6. Other, specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

of the subject individual and to release, distribute, post, publicize or broadcast these records, with the following restrictions:

(Restrictions on activities)

(signature)

(signature of the city staff witness)

(print name)

(date)

(relationship to subject individual if signature is by an adult on behalf of the subject individual.)