

## PHOTO AND/OR VIDEO CONSENT AND RELEASE

I hereby grant to The Corporation of the City of Kawartha Lakes (the "City"), its agents, employees, Council, licensees and assignees and those acting under their direction and authority, the absolute right for as long and for as often as it may elect, to use and publish this video or photograph (the "Image") of me in any medium including but not limited to internet, television, print, social media, magazines and posters (the "Publication").

I acknowledge and confirm that I will be paid no amount of compensation or receive any consideration for the use of my image and specifically waive any right to make claim for such compensation.

I acknowledge that I am expressly waiving the right to inspect and approve the image that the City proposes to use as described herein or the proposed publication in which my image may appear.

I further acknowledge that I have the right to withdraw my consent as set out above upon giving reasonable notice in writing to the Clerk.

I confirm that by signing this Consent and Release form I release the City and the person creating the image, filming the video or taking my photograph from any and all claims that I may have, including any claims for defamation or invasion of privacy.

### **Informed Consent:**

By signing this form you agree that you have read and fully understood its contents. You further agree that your consent and release are binding on all heirs, legal representatives, successors and assigns.

Date Photograph(s) or Video(s) Taken: \_\_\_\_\_

Photographer's and/or Videographer's Name: \_\_\_\_\_

### **Contact Information of Person Appearing in Image(s):**

If multiple people appear in image(s), please provide one form per person. When submitting online, please compile forms into one file (pdf file or zip folder). Parent or legal guardian consent must be granted for individuals under the age of 18.

Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City | Province | Postal Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
**Signature (Parent or legal guardian if under 18) Date**