INFORMATION RELEASE

Name of person photographed, recorded or interviewed Date

Address, city, province and postal code

Email and phone number

I have read and understand this waiver.

Signature

CONSENT OF PARENT OR LEGAL GUARDIAN IF ABOVE INDIVIDUAL IS A MINOR

I consent and agree, individually and as a parent or legal guardian of the minor named above, to the foregoing terms and provisions.

Signature | Printed name and relationship Date

Producer, writer or photographer

Event, location and caption

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