



Photo Consent Form – Portraits of Place Competitions

CONTACT INFORMATION

PARTICIPANT
NAME: _____

PHONE: _____

ADDRESS: _____

E-MAIL: _____

The Cowichan Valley Regional District (CVRD) is developing a photo library which highlights the CVRD's programs, facilities and services. These photos may be utilized in the future, in a variety of print and social media formats to promote the Cowichan region.

The CVRD is requesting your written consent to use your photo and/or your child's photo to assist us in promoting the region. Please read the declaration below and sign that you consent to the release of your personal information (photograph/image) for the purposes and in the manner described above.

To avoid inadvertent harm, only photographs without people or with people who are unidentifiable will be published.

INFORMED CONSENT

Without compensation of any kind, I hereby give the CVRD the right and permission to utilize my photographs for promotional materials as outlined above, with photo credit.

AGREED TO AND ACCEPTED this _____ day of _____, 20____.

PARTICIPANT NAME (Print): _____

PARTICIPANT SIGNATURE: _____

If participant is under 19 years of age

PARENT/GUARDIAN SIGNATURE: _____