



**Photograph, Video, Name and/or Quotation  
Release Form**

I, the undersigned, hereby give permission to **Parkland School Division** to use my material (photograph, video, name or quotation) without any further compensation to me. I understand this material will be used in communication and materials about **Parkland School Division** programs and services and they will be distributed to the public through a variety of means, including printed and electronic communications. All government communications where this material will appear shall constitute the property of **Parkland School Division**, solely and completely.

I understand that the material may be used by or licensed to other public bodies and private companies for use in materials in promoting Parkland School Division, its schools or its programs.

I waive all moral rights, claims, and objections arising from the use of this material, worldwide and in perpetuity, in favour of Parkland School Division, its agents, employees, and contractors.

My personal information is being collected under the authority of the *Freedom of Information and Protection of Privacy Act* and is subject to the provisions of that Act. My consent allows for the collection, use and disclosure of my information for the purposes described above. If I have questions regarding my consent or the use of my information, I can contact:

**Parkland School Division**

**Strategic Communications**

**Contact Name: Jordi Weidman**

**Email: [jordi.weidman@psd.ca](mailto:jordi.weidman@psd.ca)**

**Phone: 780-963-8473**

I have consented to the use of my information, which is deemed to be personal information, only for the above-identified purposes. I have the choice to provide my contact information if I wish to be contacted for future photos, videos, quotations or projects of this nature.

I understand that because my material will be available to the public in division communications, it is not possible to consider an expiry date for this consent. Cancellation of my consent may only limit the use of my information in future or new publications.

Description	
<b>Date Taken:</b>	<b>Specific Location:</b>
<b>Photo(s) Description: (describe scene)</b>	<b>Colour and Type of Clothing:</b>

Consent	
<b>Print Name</b>	<b>Signature</b>
<b>Date (month, day, year)</b>	<b>Witness (printed name and signature)</b>
<b>Contact Information (address and phone number; optional)</b>	<b>Email (optional)</b>



# Photograph, Video, Name and/or Quotation Release Form

## Under 18

I am under 18 years of age. My parent or guardian has given consent for me to participate.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

## Cancellation of Consent

I cancel this permission. I understand that some action may have been taken prior to cancellation of this consent.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (month, day, year)

\_\_\_\_\_  
Witness (printed name and signature)