



## PHOTOGRAPHY & MEDIA RELEASE FORM

Name of Participant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I consent for any photographs, video images, voice recordings and interviews taken of this person to be used for media purposes including both traditional and digital or social media promotional presentations and marketing campaigns. I understand this person may be involved in activities and programs that will be covered by the media and that they may be photographed and named in such events.

Photographs, video images, voice recordings and interviews are the property of THE COUNTY FOUNDATION.

Check one.     YES     NO

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of participant)

(If the person signing is under age 18, a parent or legal guardian must sign below.) I hereby certify that I am the parent or legal guardian of the person named above and I give my consent without reservation to the foregoing on behalf of him or her.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of parent or guardian)

**PLEASE RETURN:** The County Foundation – [info@thecountyfoundation.ca](mailto:info@thecountyfoundation.ca) or by hand to The County Foundation, 35 Bridge Street, Suite 107, Picton, ON K0K 2T0.