



PHOTO/VIDEO CONSENT RELEASE FORM

I, _____, of the Town/City of _____, hereby authorize The Corporation of the Town of Aurora (the "Town"), its employees, officers, servants, and representatives, to take photographs or video recordings (including voice recording) of myself and/or my child/ward (if under age 18) _____ (name) on the _____ day of _____, 20____.

I further consent and grant to the Town the right to use, display, broadcast, reproduce, make copies of, and distribute these photograph(s) and video recording(s) to the public, in whole or in part, in the form of any print or electronic media now known or later developed, for the purpose of promoting and marketing the Town's programs and services, or for other purposes which the Town may deem suitable, which may include but is not limited to: posting the photograph(s) and/or video recording(s) on the Town's public website, in newspapers, magazines, books, brochures, or advertisements (collectively the "Publications"). I understand that the photograph(s) and/or video recordings may appear in electronic form on the Internet or in other publications beyond the Town's control. I acknowledge that the Town owns all rights to the publications, photograph(s) and/or video recordings and I waive any all rights that I have, now or in the future, to any publications, photographs and recordings and I waive any rights to claim ownership over the same.

I hereby release, waive and forever discharge the Town, its employees, officers, elected officials, and servants, collectively and individually, from all manner of actions, causes of action, suits, debts, claims and demands of any kind or nature whatsoever which I may now have or may in the future have against the Town, its officers and servants, directly or indirectly arising out of the taking, use, reproducing, displaying, broadcasting, and distribution of such publications, photograph(s) and/or video recordings.

I have read this release and waiver before signing it, I fully understand the terms, nature and consequences of this release and waiver, and agree to be bound its terms.

SIGNED AND WITNESSED this _____ day of _____, 20____.

Signature

Printed name of Parent/Guardian (Under 18)

Signature of Parent / Guardian (Under 18)

Printed Name of Witness

Signature of Witness

*The Corporation of the Town of Aurora
100 John West Way, Box 1000, Aurora, ON L4G 6J1
Tel: (905)727-3123 Fax: (905)726-4738*

VISIT OUR WEBSITE AT: www.aurora.ca