

Fuerza Latina Community Services

"Helping the youth of TODAY become strong members of society TOMORROW."

10190 Keele Street Lower Level Maple, On L6A 1R7 (905) 553-0937

www.fuerzalatinaservices.org

PHOTO RELEASE FORM

This photo release form will be used for Photographs taken at any event offered by Fuerza Latina Community Services

Photo Release for Adults

I, being of legal age, hereby consent that the videotapes, photographs and/or motion picture film in which I appear, and/or audio recordings made of my voice may be used by Fuerza Latina Community Services, its assigns or successors, to promote the Fuerza Latina Community Services events or community events within the City of Vaughan, including television. Furthermore, I hereby consent that such photographs, films and recordings, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, places and tapes as they may desire free and clear of any claim whatever on my part.

IN WITNESS WHEREOF I have hereunto set my hand, in the Province of Ontario, this ____ day of (DD)
_____(MM)_____, 200__.

Name:	(please PRINT)
Address:	
City/Postal Code:	
Province	Ontario
Signature:	

Photo Release for Minors

I being Parent/Guardian of _____, hereby consent that the videotapes, photographs and/or motion picture film for which she/he posed, and/or audio recordings made of her/his voice may be used by Fuerza Latina Community Services, its assigns or successors, to promote Fuerza Latina Community Services events or community events, including television. Furthermore, I hereby consent that such photographs, films, and recordings and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

IN WITNESS WHEREOF I have hereunto set my hand, in the Province of Ontario,
this ____ day of (DD) _____(MM)_____, 200__.

Name of Child:	(please PRINT)
Address:	
City/Postal Code:	
Province	Ontario
Signature of Parent:	