

**Surveillance Video Release Form**

This form may only be used to release a Pembina Hills Regional Division No. 7 (PHRD) video recording device or a copy of PHRD surveillance videos.

Date:	Time:	Video Surveillance ID #	File #
Name of School/Facility:	Location of Video Storage Device <input type="checkbox"/> In-Use _____ <input type="checkbox"/> Used _____	Type of Surveillance Video <input type="checkbox"/> Tape <input type="checkbox"/> CD <input type="checkbox"/> Disk <input type="checkbox"/> Other _____ (Specify)	
Name and Position of Authorized PHRD Individual Releasing a Copy of the Surveillance Video or the Video Recording Device _____ (Please Print) Signature: _____			
Purpose or Reason for Release 			
Name of Individual Taking Custody of the Copy of the Surveillance Video _____ (Please Print)			
Acknowledgment of Receipt and Indemnity I, the above noted individual, on behalf of my employer, acknowledge receipt of a Pembina Hills Regional Division No. 7 <u>video recording device</u> or a copy of the Pembina Hills Regional Division surveillance video and agree that I and my employer will hold the Pembina Hills Regional Division harmless for any damage that occurs due to the release of the video recording device or surveillance video while in my custody or under my control. Signature: _____			
Position	ID or Regimental #	Employer/Organization	Telephone Number
A separate form must be completed each time a surveillance video or <u>video recording device</u> is released. A copy of the form must be kept at Pembina Hills Regional Division No. 7 and copy must be provided to the individual taking custody of the copy of the surveillance video. Surveillance Video means videotape or any other tape, CD, disk or other device used to store information from a video surveillance system.			