



## DISTRICT OF LAKE COUNTRY

## STANDARD PHOTO RELEASE FORM

Participant's Name: \_\_\_\_\_

Name of guardian if photo participant is a minor: \_\_\_\_\_

I hereby authorize the District of Lake Country to publish photographs taken of me, and my name, for use in District of Lake Country's printed publications, social media platforms and website.

I acknowledge that since my participation in publications, social media platforms and websites produced by District of Lake Country, is voluntary, I will receive no financial compensation.

I release District of Lake Country from liability for any claims by me or any third party in connection with my participation.

I understand that District of Lake Country is a local government organization and that use of photographs will be limited to informational/educational, non-commercial purposes. I am the age of majority in British Columbia, and I have read this release before signing below.

I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing and agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

I have read and understand the above:

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

I approve the use of photos taken of me: \_\_\_\_\_

I approve the use of photos taken of a minor under my guardianship: \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_