

TOWN OF ELK POINT

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www.elkpoint.ca

PHOTO RELEASE FORM

I hereby grant the Recreation Program	n (the Town of Elk Point) a	and its contractor's permission to use
photographs, taken at		
on the date of	, in places	such as the Town's social medias,
publications or displays.		
Name of event, if applicable:		
I understand that all personal informa	tion, other than my name,	will be kept confidential.
If the subject of the photograph is under the age of 18, I,, as parent or legal		
guardian of the minor, hereby consent to the use of my child's photo as set out in the terms of this		
Release Waiver.		
In giving my consent, I hereby release	e and hold harmless the Re	ecreation Program, The Town of Elk Point
and their agents, employees, officials, representatives and contractors from any and all responsibility or		
liability for damage of any kind suffer	red in any manner whatsoe	ever.
I hereby relinquish any and all nerson	al or proprietary rights I m	nay have in connection with such use of
my photographic image (or the photographic		•
		ald any photograph of me/my child be
used or published.	1	
Signature of	Printed	Printed
Photo subject	Surname	First Name
Witness Signature:		
Date:		

Please note that the personal information requested in this form is protected under the Access to Information Act (ATIA) & Protection of Privacy Act (PPA). Collection of the personal information is authorized under PPA, Section 4c, and is to be used in conjunction with the Town of Elk Point Photo Contest. If you have any questions regarding PPA, please phone 780-724-3810 and ask for the ATIA/PPA coordinator