Castor Community Network

RELEASE FORM FOR CASTOR COMMUNITY NETWORK PHOTO CONTEST – HEALTHY LIVING

I, the undersigned, do hereby consent and agree that all Castor Community Network (CCN) submissions may be used by CCN. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to CCN all rights to exhibit this work in print and electronic form. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used, within the Freedom of Information and Protection of Privacy Act/Personal Information Protection Act.

I also understand that CCN is not responsible for any expense or liability incurred as a result of my participation in the Photo Contest, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement and am competent to execute the agreement.

Name: _____ Date: _____

Address: _____ Phone: _____

Signature: _____

Parents submitting photos for persons under the age of 18 years are to sign the release form on behalf of the minor.

Should a parent/guardian or participant have a concern with the release of and or publication of their name, age and participation then please sign the appropriate section below and the information will be modified for publication. All participants or their representative must sign a copy of this form.

Please indicate your consent to enable CCN to use information from these activities by signing ONLY one – A or B

A) I hereby consent to the collection and use of information (as outlined above)

_____ _____

Signature or Parent/Guardian Signature Date

B) I hereby consent to the collection and use of the information (as outlined above). EXCEPT for the flowing items:

_____

_____ _____

Signature or Parent/Guardian Signature Date

C) Consent of People in the Picture
I hereby consent to the use of my picture and name.

_____ _____

Signature Date