



St. George's Church

THE ANGLICAN CHURCH OF CANADA • DIOCESE OF NIAGARA

Photo Release Form

We protect and respect your privacy. Your personal information is used to communicate within our organization. We do not provide this information outside our organization. This release is to ensure that you have the opportunity to let us know if you are willing to have your, or your child's/ward's photograph, recording, and/or voice used for information and/or promotion purposes for St. George's Anglican Church.

Event Information:

The Event/Activity: _____

held:

from: _____ to: _____
date time date time

at this location: _____

Leader's name(s): _____

All Events:

Participant Information:

Name of Participant: _____

I hereby give permission to the St. George's Anglican Church and The Diocese of Niagara to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purpose and transfer to St. George's Anglican Church any and all rights, including copyright, which I may have in this material.

If the participant is less than 18 years of age:

Age of Participant: _____

Relationship to Participant: _____

I, _____, am the parent/legal guardian of the individual named above. On behalf of my child/ward, I have read this release and give my permission as set out above.

<p>I give my permission as set out above:</p> <p>Name: _____</p> <p>Date: _____</p> <p>Signature: _____</p>	<p>I DO NOT give my permission:</p> <p>Name: _____</p> <p>Date: _____</p> <p>Signature: _____</p>
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