



Photo/Information Release Authorization form

Name of person in photograph

I _____ hereby give

Name of photographer

permission to _____ and
Community Links Association and its employees, officers, agents and
volunteers to publish my name, photograph and any other relevant
information in The 2014 Year of Ageing Well Calendar and/or in other
Community Links print publications (newsletter, displays, brochures).
NOTE: Photos will NOT be placed without permission on internet social
media sites such as Facebook, Twitter, YouTube etc. We do, however, post
our print publications on our own www.nscommunitylinks.ca website.

I hereby waive any rights to inspect or approve the finished materials and or
photographs prior to publication.

I hereby release, discharge and agree to relinquish

Name of photographer

_____ and Community Links
and its employees, officers, agents and volunteers, in whole or in part, from
any liability as a result of any distortion, blurring, or alteration, either
intentionally or otherwise, that may occur or be produced in the taking,
processing, or reproduction of the finished product.

I have read the foregoing release, authorization and agreement, before
affixing my signature below, and I agree that I fully understand the content
thereof.

Date: _____ Name: (please print) _____

Signature (of parent or guardian if not 18 years of age): _____