



Photo/Information Release Authorization form

I hereby give permission to Community Links Association to publish my name, photograph and any other relevant information in Community Links' publications.

I waive any rights to inspect or approve the finished materials prior to publication and acknowledge my participation is voluntary and that I will not receive any financial compensation.

Date: _____

Name: (please print) _____

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

Please provide information on the photo:

(e.g. county/ community of NS, info about artist, description of activity or art)

Contact Details

Email _____

Telephone _____