



A New Lens on Older Nova Scotians



Photo/Information Release Authorization

This release form pertains to **Community Links Association** and **Mount Saint Vincent University's Nova Scotia Centre on Aging** and their employees, officers, agents and volunteers for their non-commercial use of photographs as detailed below.

I hereby give permission to the named organizations to publish my name, photograph of me and any other relevant information. I understand the non-commercial use of the photo to include, but not limited to: website, calendar, Facebook, Twitter, newsletter, e-bulletins, displays, photobook, presentations, newsletters, and brochures.

I give permission to the named organizations to reproduce the photograph(s) taken of me for the purpose of editing in any manner that is required for their use. I hereby waive any rights to inspect or approve the finished materials and or photographs prior to publication and acknowledge that because my participation in publications.

I hereby release, discharge and agree to relinquish the named organizations, 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 (**Person in Photograph**, please print name) _____ have read the foregoing release, authorization and agreement, before affixing my signature below, and I agree that I fully understand the content thereof.

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

Email: _____
Telephone: _____
Address: _____

TO BE COMPLETED BY PHOTOGRAPHER:

Please provide information on the photograph being submitted:

Location: _____

Date: _____

Event (if applicable): _____

Photo/Information Release Authorization

I hereby give permission to **Community Links Association** and **Mount Saint Vincent University's Nova Scotia Centre on Aging** to publish my name, photograph(s) and any other relevant information related to photo submitted. I understand the non-commercial use of the photo to include, but not limited to: website, calendar, Facebook, Twitter, newsletter, e-bulletins, displays, photobook, presentations, newsletters, and brochures.

I give permission to the named organizations to reproduce the photographs taken by me for the purpose of editing in any manner that is required for their use. I hereby waive any rights to inspect or approve the finished materials and or photographs prior to publication and acknowledge that because my participation in publications.

I hereby release, discharge and agree to relinquish the named organizations, 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 (**Photographer**, please print name) _____ have read the foregoing release, authorization and agreement, before affixing my signature below, and I agree that I fully understand the content thereof.

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

Contact Details of Photographer

Organization/Company (if applicable): _____

Email: _____

Telephone: _____

Submission Requirements

Please submit photo release form for each photograph being submitted. In the file name include your last name or organization in both the release form and photo with the number of the submission (i.e., ReleaseForm_Name_1 and Photo_Name_1).