



PHOTO, AUDIO AND VIDEO CONSENT TO RELEASE OF INFORMATION

Pursuant to the Provincial Freedom of Information Protection of Privacy I, _____, give my consent and authorization to Nelson CARES Society to use the photographs; video or audio recording and any reproduction and or adaptations of the photograph(s), video or audio recordings for general purpose in relation to Nelson CARES Society without limitation, the right to use them in any publicity materials, website, newspapers and magazine articles whenever Nelson CARES Society chooses to do so.

I understand that authorization shall remain valid from the date of my signature below. I have been informed that I may revoke this authorization by written and/or oral communication to Nelson CARES Society. I certify that this form has been fully explained to me and that I understand its contents.

Signature of Entrant

Date of Authorization

Signature of Guardian (if under the age of 18)

Date of Authorization