



THE CORPORATION OF THE TOWN OF IROQUOIS FALLS

PHOTO RELEASE FORM

I consent to the use of photographs of me (and/or my underage children) taken at:

(Location/Date)

I do hereby release to The Corporation of the Town of Iroquois Falls and its employees all rights to exhibit this work in print and electronic form publicly or privately for any lawful purpose, including for example, such purposes as publicity, illustration, advertising or Web content.

I understand that there will be no financial or other remuneration, either for initial or subsequent transmission or playback.

I understand that I may revoke this authorization at any time by notifying The Corporation of the Town of Iroquois Falls in writing.

I represent that I have read and understand the foregoing statement, and am competent to execute this agreement.

Name

Date

Signature (a parent or guardian may sign if under age 18)