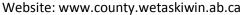
## **COUNTY OF WETASKIWIN NO. 10**

Box 6960 Wetaskiwin, AB, T9A 2G5





## PHOTOGRAPHY RELEASE FORM

I hereby grant the Cou	nty of Wetaskiwin and its o	contractor's permission to use
photographs, taken at		
on the date of		, in places such as the County
website, publications o	r displays.	
Name of event, if appli	cable:	
I understand that all peconfidential.	ersonal information, other	than my name, will be kept
		of 18, I,, consent to the use of my child's
photo as set out in the	terms of this Release Waiv	ver.
Signature of Photo subject	Printed Surname	Printed First Name
Witness Signature:		
Date		

Please note that the personal information requested in this form is protected under the Freedom of Information and Protection of Privacy Act (FOIP). Collection of the personal information is authorized under FOIP, Section 33c, and is to be used in conjunction with the County of Wetaskiwin Amateur Photo Contest. If you have any questions regarding FOIP, please phone 1-800-661-4125 and ask for the FOIP coordinator.