

COUNTY OF WETASKIWIN NO. 10

Box 6960

Wetaskiwin, AB, T9A 2G5

Website: www.county.wetaskiwin.ab.ca



PHOTOGRAPHY RELEASE FORM

I hereby grant the County of Wetaskiwin and its contractor's permission to use photographs, taken at _____ on the date of _____, in places such as the County website, publications or displays.

Name of event, if applicable: _____

I understand that all personal information, other than my name, will be kept confidential.

If the subject of the photograph is under the age of 18, I, _____, as parent or legal guardian of the minor, hereby consent to the use of my child's photo as set out in the terms of this Release Waiver.

**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.