



Permission for the Release and Publication of Photographs/Images

Perth & District Chamber of Commerce, 40 Sunset Blvd #30 Perth ON K7H 2Y4

Name _____ Date of Birth (mm/dd/yy) _____

Home Address _____

Telephone Number (_____) _____ Alt. Telephone (_____) _____

I am submitting _____ photo(s) to Perth & District Chamber of Commerce. I understand and agree that these materials will become the property of Perth & District Chamber of Commerce and will not be returned. By submitting the photo(s) I am authorizing Perth & District Chamber of Commerce, its officials, employees, agent's etc. full rights to use the photo(s) for an indefinite period of time in any and all of its publications, including website entries, without payment or any other consideration.

I hereby grant and authorize Perth & District Chamber of Commerce, its officials, employees, agent's etc. permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration.

I hereby irrevocably authorize Perth & District Chamber of Commerce to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Perth & District Chamber of Commerce programs and initiatives or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness or photograph(s) appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photography.

I hereby hold harmless and release and forever discharge Perth & District Chamber of Commerce from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person(s) acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Signature _____ Date (mm/dd/yyyy) _____

Printed Name _____

If the person signing is under the age of 18, there must be consent by a parent or guardian, a follow:
I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian's Signature _____ Date (mm/dd/yyyy) _____

Parent/Guardian's Printed Name