



Photo/Information Release Authorization form

I _____ hereby give

Name of photographer

permission to _____ and Community Links Association and its employees, officers, agents and volunteers publish my name, photograph and any other relevant information in The 2012 Year of Ageing Well Calendar and/or in other Community Links print publications (newsletter, displays). NOTE: Photos will NOT be placed on internet based sites such as Facebook, MySpace, YouTube etc. However, we do post our newsletters on our own www.nscommunitylinks.ca website.

I hereby waive any rights to inspect or approve the finished materials and or photographs prior to publication.

I hereby release, discharge and agree to save harmless

Name of photographer

_____ and Community Links Association and its employees, officers, agents and volunteers, in whole or in part, from and against any liability as a result of any distortion, blurring, or alteration, either intentionally or otherwise, that may occur or be produced in the taking, processing, or reproduction of the finished product, its publication distribution of the same.

I hereby warrant that I am over 18 years of age and competent in my own name in so far as the above is concerned.

I have read the foregoing release, authorization and agreement, before affixing my signature below, and I agree that I fully understand the content thereof.

Date: _____ Name: (please print) _____

Signature: _____