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## Photo and Video Release Form (18 + years)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Home/work: \_\_\_\_\_

By signing this form, I (print) \_\_\_\_\_

I hereby [  ] authorize or [  ] do not authorize **creArt Foundation** to publish photographs/videos taken of me for use in the **creArt Foundation** printed publications, website and social media sites. I release **creArt** Foundation from any expectation of confidentiality if I choose to be photographed or videoed. If I choose not to be photographed or videoed,

I acknowledge that participation in publications, website and social media by **creArt** Foundation confers no rights of ownership whatsoever. I release **creArt** Foundation, its contractors and its employees from liability for any claims by me or any third party in connection with my participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MM/DD/YYYY