

INFORMATION RELEASE



Name of person photographed, recorded or interviewed

Date

Address, city, province and postal code

Email and phone number

I have read and understand this waiver.

Signature

CONSENT OF PARENT OR LEGAL GUARDIAN IF ABOVE INDIVIDUAL IS A MINOR

I consent and agree, individually and as a parent or legal guardian of the minor named above, to the foregoing terms and provisions.

Signature | Printed name and relationship

Date

Producer, writer or photographer

Event, location and caption

I give to The Canadian Red Cross Society (“the Society”), its employees, volunteers, agents and assigns, unlimited permission to use, publish and republish in any form or media, now and in the future (tick all that apply),

- ☐ My name or other information about the Society’s work with me,
- ☐ reproductions of my likeness in photos, videos, web, etc. and/or
- ☐ my voice,

collectively the “Information,” in Canada and abroad, in forms including, but not limited to, websites, newsletters, posters, public marketing materials and historical archives, for the purposes of fundraising, reporting or promoting the Society’s activities, in accordance with the Society’s mission. I waive any rights to inspect or approve the final materials. I agree that I shall have no claim against the Society or against anyone using the Information.

If you want to change or withdraw your permission for use of your photo or information, please call **613-740-1994** or email us at **info@redcross.ca**. If you want more information about the Society’s treatment of personal information, please read our Privacy Policy, available at **www.redcross.ca**.