**Dufferin-Peel Catholic District School Board**

40 Matheson Boulevard West, Mississauga, Ontario

L5R 1C5 .Tel (905) 890-1221 .Fax (905) 890-7610

**IMAGE RELEASE FORM**

I understand that photographs, written work, video and audio recording, may be used, edited and released to newspapers, radio, television, and internet providers.

I hereby release the Dufferin-Peel Catholic District School Board and its employees and assignees from all claims resulting from the use, editing and release of any photographs, written work, video and audio recordings with respect to this event/activity. This consent shall be continuing with no limitations or reservations, except those stated above.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Please print name)

**Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please print name)

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If student is 18 years of age or older:**

**I am 18 years of age or older and I consent to this authorization and release.**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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