

The Cerebral Palsy Association of British Columbia
"Life Without Limits"

Photo and Information Release

I/we authorize that my name, information about me, my disability, and my relationship to the Cerebral Palsy Association of B.C., (along with selected photographs/images of me as described below), be released to the Cerebral Palsy Association of B.C.

I, _____, hereby give The Cerebral

Palsy Association of BC permission to use my photo/ video or the photo/video

of _____ (_____)
Name Relationship

for educational and public relations purposes in the community.

I authorize the Cerebral Palsy Association of B.C. to *solely* use this information and/or images for all fundraising, educational or advertising purposes (such as, brochures, pamphlets, booklets, posters which may be used at resource fairs, website, newsletter, promotional videos for our funders, and newspapers).

Description of Paragraph/Images (please enter details here)

I agree and understand that the Cerebral Palsy Association accepts no obligations or financial responsibilities if a photograph is used. This release is valid for the 2017 calendar year or until CPA-BC receives a written notification revoking this release. **Note: discontinuation of use of an image will occur on the next edition or update of the item on which appears.**

Signature _____

Address _____

Telephone _____

Date _____

This release form is to be signed by all people whose stories/images CPA-BC proposes to use on any printed materials/website for fundraising and advertising purposes. The original signed copy must be returned to: the Cerebral Palsy Association of BC at 330-409 Granville Street, Vancouver, BC V6C 1T2.