



## CONSENT AND RELEASE OF PHOTOGRAPHY, VIDEO OR SOUND RECORDINGS

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I understand these photographs or recordings will be used to promote the Fort Erie Arts Council and its activities, services, or programs. I understand the items indicated as “yes” above may be used for an indefinite period. I agree to these conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

