



CUPE Local 2262 Consent for Photo & Media Use

#9 1250 26th Street, Castlegar, British Columbia V1N 4C9, Canada

Return to an Executive Team member or 2262cupe@gmail.com

** Confidential – For CUPE Local 2262 Use Only*

This consent form grants CUPE Local 2262 permission to capture and use photographs, videos, and other media featuring the undersigned individual or organization for union-related purposes.

1. Authorization

I, _____ (Full Name), hereby grant CUPE Local 2262 the right to photograph, record, and use my image, likeness, and/or that of my organization for promotional, educational, or informational purposes. This includes but is not limited to:

- CUPE Local 2262's website, newsletters, and social media pages
- Printed materials such as flyers, posters, and reports
- News releases and other communications to the public
- Internal union documents and presentations

☐ I acknowledge that these images and videos may be used indefinitely and without compensation.

2. Scope of Use

I understand and agree that:

- CUPE Local 2262 will not sell or distribute these images for commercial gain.
- My name (check one) ☐ may / ☐ may not be used in association with these images.
- I may request removal of my images from future use, but CUPE Local 2262 is not required to retract materials already published.

3. Revocation

I understand that I may withdraw my consent at any time by submitting a written request to CUPE Local 2262 at cupe2262@gmail.com. However, withdrawal will not apply to materials already in physical circulation.

4. Agreement

By signing below, I confirm that I am of legal age or have obtained permission from a parent/guardian (if under 18). I release CUPE Local 2262 and its representatives from any claims related to the use of my image as described above.

☐ Individual Consent

☐ Organizational Consent (Authorized Representative Signature Required)

Name (Printed): _____

Signature: _____ Date: _____

Organization (if applicable): _____

Authorized Representative Name (if applicable): _____

Authorized Representative Signature: _____

Contact Information:

Phone: _____

Email: _____

Return to an Executive Team member or 2262cupe@gmail.com

For CUPE Local 2262 Use Only:

Received By: _____ Date: _____