

**Photograph, Video, Name and/or Quotation
Release Form**

I, the undersigned, hereby give permission to the **Government of Alberta** to use my material (photograph, video, name or quotation) without any further compensation to me. I understand this material will be used in communication and materials about **Government of Alberta** programs and services and they will be distributed to the public through a variety of means, including printed and electronic communications. All government communications where this material will appear shall constitute the property of the **Government of Alberta**, solely and completely.

I understand that the material may be used by or licensed to other public bodies and private companies for use in materials in promoting the province of Alberta.

I waive all moral rights, claims, and objections arising from the use of this material, worldwide and in perpetuity, in favour of the Government of Alberta, its agents, employees and contractors.

My personal information is being collected under the authority of the *Freedom of Information and Protection of Privacy Act* and is subject to the provisions of that Act. My consent allows for the collection, use and disclosure of my information for the purposes described above. If I have questions regarding my consent or the use of my information, I can contact the Public Affairs Bureau at 780-427-9261.

I have consented to the use of my information, which is deemed to be personal information, only for the above-identified purposes. I have the choice to provide my contact information if I wish to be contacted for future photos, videos, quotations of projects of this nature.

I understand that because my material will be available to the public in government communications, it is not possible to consider an expiry date for this consent. Cancellation of my consent may only limit the use of my information in future or new publications.

_____	_____
Print Name	Signature
_____	_____
Date (month, day, year)	Witness (name and signature)
Contact Information (optional)	_____

I am under 18 years of age or am a dependent adult. My parent or guardian has given consent for me to participate.

_____	_____
Parent/Guardian Name (please print)	Parent/Guardian Signature

Cancellation of Consent

I, _____, cancel this permission. I understand that some action may have been taken prior to cancellation of this consent.

_____	_____
Dated	Signature

	Witness