## Maple Ridge/Pitt Meadows Community Services

## **Photography Release Consent Form Individual**

Date

## Date:

I give Maple Ridge/Pitt Meadows Community Services consent to use my photograph or my child's photograph (if under 18 years of age) for public relations/fundraising purposes (i.e. MRPM Community Services website, social media, MRPM Community Services Annual Report, MRPM Community Services Displays).

I understand that my participation in the above name activity is strictly voluntary and my photograph(s) will be used only for the purpose(s) for which I have consented. I understand that I can withdraw my consent at any time for any future printed publications. Signature of Photographed Photographed / Printed Staff Signature Date ☐ I am withdrawing my consent Signature of Photographed Photographed Name / Printed Staff Signature