

## Photography Consent and Release Form

Date: \_\_\_\_\_

I hereby grant Langley Community Services Society (LCSS) the use and release of photographs and other images of me and my child(ren) for all society-related promotional materials, marketing efforts, and productions without restriction. This release applies to all images of me and my child(ren) in print, electronic, video, and broadcast formats, in addition to the use of my name, comments, and endorsements that may serve to assist LCSS with its promotional and marketing efforts. I agree that LCSS may use, edit, and reproduce these images in any form and that they may share these images with other media for purposes related to the Society's promotional and marketing efforts. In so doing, I release all claims against LCSS and other media with respect to copyright, publication, or use of such photographs or video footage, including any claims for compensation related to their use. I understand this form will be maintained in the LCSS Main Office. I also understand that if, at any time, I wish to withdraw this consent a written notification can be sent to the Privacy Officer for LCSS via the above address or by email at [Privacy@lcss.ca](mailto:Privacy@lcss.ca).

Name of Adult (PRINT)

\_\_\_\_\_

Name(s) of Child (PRINT)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- I give permission to have me and/or my child(ren) photographed
- I **do not give permission** to have me and/or my child(ren) photographed

Home Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Parent/Guardian signature:

\_\_\_\_\_

Staff Signature:

\_\_\_\_\_

### For Internal Photo Identification Only

Male  Female  Log

#: \_\_\_\_\_

Age Range:

0-6  7-12  13-18  18-23

24-30  31-40  41-50

51+

Hair Colour:

\_\_\_\_\_

Height:

\_\_\_\_\_

Colour/Pattern of Clothing:

