



### Media Release Form - Parent / Guardian

I hereby grant permission for my youth to be photographed, recorded, and/or videotaped during any of the Society of Saint Vincent de Paul Canada events. I understand that my youth may decline to be photographed, recorded, and/or videotaped at any time. I further grant permission for the resulting photographs, recording, and/or videotape footage to be edited. I grant the Society of Saint Vincent de Paul Canada the irrevocable right to use images, recordings or footage captured during the event for release and for reproduction in any medium for any purposes, including but not limited to, promotion, editorial, advertising, marketing and art.

Name of youth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Media Release Form – Youth

I hereby grant the Society of Saint Vincent de Paul Canada permission to use images, recording, or footage captured during events I participate in to be released in any medium for any purpose, including but not limited to, promotion, editorial, advertising, marketing and art.

Youth Name: \_\_\_\_\_

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_