

please return completed form to:

NAME AND ADDRESS OF PERSON COLLECTING THESE FORMS



appearance release for individuals

I hereby grant to you, _____, NAME OF THE ORGANIZATION THAT IS HOSTING YOUR PROJECT,
the Vancouver Foundation and the Youth Philanthropy Council (the "Producers") – their agents, successor or assignees – permission to record my name, likeness, image, voice, sound effects, interview and/or performance on film, tape, still images, or otherwise (the "Recordings"). I grant permission to the Producers to edit such Recordings as they may desire, and incorporate such Recordings into all materials that are developed as a result of this Vancouver Foundation/Youth Philanthropy Council sponsored program. The Producers may use and authorize others to use the Recordings, any portions thereof, in all markets, manner and media including but not limited to printed reports, screenings, festivals, educational programs, websites, and broadcast.

It is also understood that any such materials (video, film, photographs, audio, and any other media) will be used with the highest integrity and discretion, with the intent to communicate responsibly and ethically, the subject matter contained therein.

name: _____

address:

STREET ADDRESS

CITY

PROVINCE

POSTAL CODE

phone: ()

mobile: ()

signature: _____

date: _____

parent/guardian signature (if under 18): _____

date: _____

Please return the completed form to the contact person listed at top of page.

If you have any questions, please contact:

NAME, PHONE NUMBER AND EMAIL OF CONTACT PERSON WHO CAN ANSWER QUESTIONS ABOUT USE OF THIS MATERIAL