



PHOTO RELEASE FORM
FOR THE MEMBERS' PHOTO CONTEST

TO: CANADA AGRICULTURE MUSEUM

AND: ITS LICENSEES, SUCCESSORS AND ASSIGNS

I HEREBY CONSENT, both personally and on behalf of my heirs and administrators, to the use, publication, reproduction, distribution and display of the motion and/or still pictures or any part thereof recorded for the Member's Photo Contest, and any photographic or electronic reproduction in which I or my dependents may appear, to be used by the Canada Agriculture Museum Corporation at its sole discretion for the purposes of publicity and promotion.

_____	_____
Name of Photographer	Phone #
_____	_____
_____	_____

Description of photo

WAIVER

Dated this _____ **day of** _____, **20**_____

_____	_____
Parent / Guardian Signature	Print name of dependent # 1
_____	_____
Print name	Print name of dependent #2
_____	_____
Address	Print name of dependent #3