

Image Release Form

	Date:
eproduction by you, or anyone a video, which you have this day whatsoever, without further comp	eby irrevocably consent to and authorize the use and authorized by you, of any and all photographs, film of taken of me and/or my property, for any purpose pensation to me. All negatives, digital reproductions tute your property, solely and completely.
Name:	
Address:	
City:	Province:
Postal Code:	Phone:
Signature of Parent or Guardian (if minor):	
Witnessed by:	
Signature of Witness:	