Cortes Community Health Association
Box 59 Manson's Landing, BC V0P 1K0 250-935-6608

Specific Activity Photography Consent Form

During events and activities hosted by the Cortes Community Health Association (CCHA), such as sports activities, youth programming, workshops, and exhibits, we like to take photos. We often use these photos in our publications, our website, and sometimes information sheets and brochures. We also sometimes ask that people share their personal photos for the same reasons.

Consent:
I hereby grant permission to the Cortes Community Health Association (CCHA) to use my photograph or my child's photograph from the _____ activity in their printed publications and or advertising material.

Name Relationship to child (if applicable)

_____

Child's name (if applicable)

Address

_____

City Province or territory Postal Code

_____

Telephone number Email

_____

Signing this form will be deemed as consent with the above. If submitted electronically, typing my name below will be deemed as consent with the above.

_____ _____

Signature Date