



The
Diocese of Huron
THE ANGLICAN CHURCH OF CANADA

Media Release Form

The Diocese of Huron
190 Queens Avenue
London, ON N6A 6H7

Permission to Use Photograph/Video

Event: _____

Location: _____

Parish/Committee/Group: _____

I grant to The Diocese of Huron and its affiliated parishes, committees and/or groups the right to take photographs/videos of me and my family in connection with the above-identified event. I authorize The Diocese of Huron and its affiliated parishes, committees and/or groups, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that The Diocese of Huron and its affiliated parishes, committees and/or groups may use such photographs/videos of me with or without my name and for any lawful purpose, including (but not limited to) such purposes as publicity, illustration, advertising, and web content.

I have read and understand the above, and agree to the terms and conditions:

Signature: _____

Full Name (Printed): _____

Address: _____

Date Signed: _____

Signature, parent or guardian: _____

(if under the age of 18)