



### Media Release Consent Form

*Please note: form must be completed in the free Adobe Acrobat application in order to digitally sign*

Name or Names of Family Members (please print clearly):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Location:      Cooksville  
                                 Meadowvale  
                                 Other (please specify): \_\_\_\_\_

There will be occasions when photographs and pictures in other media will be taken of participants in our programs and activities. These could appear in our newsletters or brochures, local newspapers, or video.

I hereby give permission for The Dam to use photographs or any other media representation of me at the discretion of The Dam. I release The Dam, its Officers, Directors, Co-ordinators, staff and volunteers from any and all responsibility/liability that may arise as a result of the use of such photos/media.

Parent/Guardian: \_\_\_\_\_ (print name)

\_\_\_\_\_ (Signature)

Witness \_\_\_\_\_ (print name)

\_\_\_\_\_ (Signature)

Date \_\_\_\_\_

Youth (18) years or older: \_\_\_\_\_ (print name)

\_\_\_\_\_ (Signature)

Date \_\_\_\_\_

*Authorizing persons may cancel or change the above authorization(s) in writing at any time.*

**Please email this completed form to [communications@thedam.org](mailto:communications@thedam.org).**