



The City of Richmond (the "City") and the Community Associations/Societies listed below (the "Community Associations") ask for your permission to take video footage and/or one or more photographs of you and/or your child and to use, reproduce, and release to others such video footage and photographs. By signing this Photograph and Video Waiver/Release you are agreeing to this on the terms set out in this document.

I, _____ (please print name), agree to permit the City and Community Associations to take video footage and one or more photographs of me and/or my child and to use, reproduce and release to others such images, whether in video, photographic, digital, electronic or other form without payment or other compensation to me or my child, for any City or Community Association purposes. Such purposes may include using them in City or Community Association videos, publications, posters, its website or other media, for promotional, social, recreational, cultural, educational, research, commercial, good will and archival purposes. The City and Community Associations may also provide this video footage and photographs to a third party providing a service for the City or Community Associations for use in connection with providing that service. I understand that my image or that of my child could possibly be seen worldwide. I agree not to sue the City or the Community Associations or its employees, officials, officers, volunteers, representatives, agents or contractors, or bring claims or demands of any nature against any of them in connection with any matters referred to in this Photograph and Video Waiver/Release including, without limitation, the use, reproduction or release of my image or that of my child.

I also agree to the inclusion of my name, and/or my child's name in connection to any of the matters referred to herein: Yes No

Personal contact information will be treated as confidential, subject to any statutory requirements or lawful orders or directives, unless you consent in writing to a further request for its release.

Table with 2 columns: Participant's / Child's Name, Age of Participant / Child

Signature: _____ Date: _____ (OR parent/guardian signature – if for a child under 18 yrs old)

Email/Contact Address: _____ Phone: _____

(For City of Richmond office use only) Activity/Event & Location: Description of person: Photographer: Phone:

Community Associations and Societies:

- Britannia Shipyards National Historic Site Society
City Centre Community Association
East Richmond Community Association
Hamilton Community Association
London Farm Historical Society
Minoru Seniors Society
Richmond Arenas Community Association
Richmond Art Gallery Association
Richmond Aquatic Services Board

- Richmond Fitness and Wellness Association
Richmond Museum Society
Richmond Nature Park Society
Sea Island Community Association
South Arm Community Association
Steveston Community Society
Steveston Historical Society
Thompson Community Association
West Richmond Community Association

By signing this Photograph and Video Waiver/Release you are agreeing to the terms set out in this document (previous page).

Participant's Name	Signature