Photo/Video Release Form

By signing this document, I hereby give my permission for myself/my child(ren) to be photographed and/or video recorded.

I am aware the images may be used for _____ and their community partners such as the City of Kelowna purposes on their website, in brochures and other publications, to promote awareness of arts, culture and heritage in Kelowna.

Dated this _____ day of _____, 20____.

Name (of Parent/Guardian if a minor)	Signature	Short Description; include child(ren) names if applicable

Any personal information provided on this form is collected, used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act (FOIPPA).