



FCTE

Forest City Talent Education
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Photo/Video Release Form

I grant to FCTE, the right to take photographs and/or video of me and my family in connection with the FCTE's Saturday program. I authorize FCTE, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that FCTE may use such photographs and/or video of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above

I do not consent to the above

Signature _____

Printed name (family) _____

Date _____