

## PHOTO/VIDEO RELEASE FORM

## TO WHOM IT MAY CONCERN,

I	(please print clearly) hereby grant Ancaster Community
Services (ACS) permission to use my image as i	t appears on video or photo for publication
and advertising purposes. This includes but is no	t limited to, print advertising, social media,
official website and future undetermined use.	

I also certify that anything I am quoted as saying is factual to the best of my knowledge.

Lastly, I agree that any recordings taken can be edited or modified to best exemplify the message of the organization at their discretion.

If you have any further questions about how photos or videos taken will be used, please contact our Executive Director at (905)-648-6675.

Name:	Signature:
Today's Date:	Phone Number:
Are you under the age of 18? Please have your Parent or Guardian sign below:	
Name of Parent	Guardian:
Signature of Pa	rent/Guardian:
ACS Staff Name:	OFFICE USE ONLY ACS Staff Signature: