

# Release Form for FASD Ontario News

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## Description of Photo:

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## Person or Group Submitting the Photo:

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Recommended Caption for Photo:

Note: The caption may change during the editing process, depending on space etc.

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## Use of the Photo (to be signed by all individuals in the photo):

I hereby grant FASD Stakeholders for Ontario, and those acting on their authorized behalf, the right to use this photograph in the newsletter FASD Ontario News. I understand that the newsletter may be available online and in print, and may be released in French and English formats. I understand that there will be no financial remuneration for the use of this photo. I have read and understand the text above, and permit FASD Stakeholders for Ontario to use this photo in FASD Ontario News.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Please use additional release forms as required. All individuals in the photo must sign a release.

Please fax the completed release form(s) to Wendy Burgoyne, Best Start Resource Centre at 1-705-856-1320. Images can be emailed to [w.burgoyne@healthnexus.ca](mailto:w.burgoyne@healthnexus.ca).