



Thank you for your smile today!

Permission to use photograph

Subject/Class: _____

Location: _____

I grant to District of Squamish, its representatives and employees the right to take photographs of me in connection with the above-identified subject.

I authorize District of Squamish, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that District of Squamish may use such photographs of me 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.

Signature: _____

Printed Name: _____

Address: _____

Date: _____

Signature, parent or guardian (if under age 18)
