



### Photo and Audio Release Form

WAIVER – one copy to be signed by each person identifiable in the photograph, video clip or audio file.

I agree that my name and likeness in a photograph or video clip or audio file may be used by Obesity Canada and may be published on the Obesity Canada website and used by Obesity Canada at their discretion in other promotional materials to profile the public engagement initiative and/or the network.

I hereby grant Obesity Canada permission to use my likeness in photography and or audio in any and all of its publications, including its websites, without payment or any other consideration.

I hereby grant Obesity Canada authorization to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the public engagement initiative and/or Obesity Canada programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, as well as waive the right to be notified regarding publication, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge Obesity Canada from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am of the age of majority and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

If the person signing is under the age of majority, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of

named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian's Printed Name)

\_\_\_\_\_  
(Date)

#### For further information, Contact:

Dawn Hatanaka  
Executive Director, Obesity Canada  
Email: [hatanaka@obesitynetwork.ca](mailto:hatanaka@obesitynetwork.ca)