**PHOTO CONSENT AND RELEASE**

I hereby grant to The Corporation of the County of Essex (the "County"), its agents, employees, Council, licensees and assignees and those acting under their direction and authority, the absolute right for as long and for as often as it may elect, to use and publish all images or photographs of me in any medium including but not limited to internet, television, print, social media, magazines and posters (the "Publication").

I acknowledge and confirm that I will be paid no amount of compensation or receive any consideration for the use of my image or photograph and specifically waive any right to make claim for such compensation.

I acknowledge that I am expressly waiving the right to inspect and approve the image or photograph that the County proposes to use as described herein or the proposed publication in which my photograph or image may appear.

I further acknowledge that I have the right to withdraw my consent as set out above upon giving reasonable notice in writing to the Clerk.

I confirm that by signing this Consent and Release form I release the County and the person creating the image or taking my photograph from any and all claims that I may have, including any claims for defamation or invasion of privacy.

**Informed Consent:**

By signing this form you agree that you have read and fully understood its contents. You further agree that your consent and release are binding on all heirs, legal representatives, successors and assigns.

Signature (or that of legal guardian) Date

Name of Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Photographs Taken: \_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information of Person Signing This Form: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City l Prov l Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: Phone: