



# SADD Alberta MEDIA RELEASE FORM

## MEDIA, TALENT, AND PRODUCTION RELEASE FORM

(please complete one for each participant appearing in the production or credited)

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

<b>First Name</b>		<b>Last Name</b>	
<b>Student Grade</b>		<b>Age</b>	
<b>Home Address</b>			
<b>City/Town</b>		<b>Postal Code</b>	
<b>Home Phone</b>		<b>Parent Email Address</b>	
<b>School Name</b>			
<b>School City</b>		<b>School Phone</b>	

**Student Consent:** I hereby grant SADD Alberta the right to use a photograph and/or recording produced on film, video, audio/tape including my first name, grade and school. All such photographs and/or recordings and all rights therein and thereto shall be the exclusive property of SADD Alberta and may be used in any manner whatsoever.

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

**Parent / Guardian Consent:** *(signature required for all participants under the age of 18)*

I confirm that I have reviewed the information above and grant SADD Alberta the right to use a photograph and/or recording produced on film, video, audio/tape including my child's first name, grade and school. All such photographs and/or recordings and all rights therein and thereto shall be the exclusive property of SADD Alberta and may be used in any manner whatsoever.

In granting these rights, we/I understand that we/I hereby release SADD Alberta and its employees from all actions, causes of actions, claims and demands except for those arising from the negligence of SADD Alberta and its employees.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Should you have any questions or require any further information, please contact  
SADD Alberta at 403.313.7233 or [info@saddalberta.com](mailto:info@saddalberta.com)*