



PHOTOGRAPHY/MEDIA CONSENT AND RELEASE FORM

This form must be filled out for anyone who has their picture taken or likeness recorded for the purpose of Skills Canada Alberta Regional or Provincial competitions.

First Name:	Last Name:
Address of Individual:	
Phone Number:	Email Address:

Consent to Photography

I **HEREBY GRANT** and give the Skills Canada Alberta permission to take photos or videos (digital or otherwise) of myself and to reproduce the likeness of myself for promotional and fundraising materials, educational materials, publications, websites, and other consistent purposes. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of Skills Canada Alberta, worldwide, in perpetuity or you withdraw your consent.

Consent to Disclose Identity

Individual's identity, as listed above, MAY MAY NOT be included in the resources listed below as developed and published in print, electronic, or digital format, including any authorized Skills Canada Alberta website or social media platforms, such as skillsalberta.com. **Consent takes effect when this agreement is signed.**

FIRST NAME, LAST NAME, AND SCHOOL FIRST NAME AND SCHOOL ONLY SCHOOL ONLY

_____ Signature of Individual (If over age 18)	_____ Date
_____ Signature of Guardian (If Individual is under 18 years of age)	_____ Date

This form will be placed on file in the coordinating office and retained in accordance with approved records retention schedules. Also note that consents may be revoked at any time by so indicating, in writing, to Skills Canada Alberta.