



## Photography, Video and Audio Recording Release Form

I hereby grant permission to Muscular Dystrophy Canada (MDC) to use photographs, audio recording and/or video recording of me taken during my volunteer placement in publications, news releases, online, social media and in other communications related to the mission of MDC.

I hereby release MDC, its officers and employees, and each and all persons involved, from any liability connected with the taking, recording, digitizing or publication of photographs, computer images, video and/or sound recordings.

I hereby waive and release MDC from and against any and all claims for payment or royalties in connection with any streaming, distribution, display or other publication of these materials, or other publication regardless of whether a fee for admission is charged. I also waive any right to inspect or approve any photo, video or audio recording taken by MDC or the person or entity designated to do so by MDC.

By participating in my volunteer activities, I acknowledge that I have been fully informed of my consent, waiver of liability and release before entering the volunteer placement.

\_\_\_\_\_

(Signature of Adult, or Guardian of Children under age 18)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_