**Photograph Release Form**

Northern Healthy Foods Initiative

**Community:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization (if applicable)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby agree to and give permission for the use of the photographs taken of me by the partners of the Northern Healthy Foods Initiative for the purposes of publication, display or exhibition thereof for articles, promotions, websites and visual presentations and without payment or compensation to me.

I understand that these photos may be used to tell the story of northern Manitoba communities taking action and leading efforts to improve food security, community economic development, youth engagement, or population health.

By signing this Photograph Release Form, I confirm that I am over 18 years of age and/or a guardian of the participant.

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| **Participant Name** *(Please Print)* | **Address** (Street, City (Town), Province, Postal Code) | **Signature** (Guardian signature required if person is under 18 years) | **Photo Description**(what’s going on in the picture?) | **Photo Location** | **Date of photo** |
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