

Consent to Audio Record, Videotape, and Photograph

City of Mississauga
Communications Division
300 City Centre Drive
Mississauga, Ontario L5B 3C1
Phone: 905-615-3200, ext. 5045
FAX: 905-615-3078
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Personal information on this form is collected under the authority of Section 11 of the Municipal Act, 2001. It will be used by the City of Mississauga to administer individual consent for photography, video and/or audio recordings. Questions about the collection of this personal information should be directed to: Manager, City Marketing and Planning, Corporate Services Department, 300 City Centre Drive, Mississauga, ON L5B 3C1, Telephone 905-615-3200, ext. 5045.

1. I, _____
Print name of the person being photographed, video taped or recorded

of _____
Street address

in the _____ at _____
City, Province, & Postal Code Telephone Number

give my consent and authorize the Corporation of the City of Mississauga (the "City") to do the following:
(Please check all the boxes that apply)

- use my name;
- take photographs (digital or hard copy), portraits or pictures (collectively called "Images") of me or in which I am included; and/or,
- make audio recordings, video images or mp3 files (collectively called "Recordings") of me or in which I am included

and use them for the following purposes:

- preparing and publishing advertising and publicity materials on behalf of the City;
- City marketing and promotional programs and campaigns; and
- re-using and re-publishing any Images and/or Recordings of me in any medium.

2. I hereby agree to release and forever discharge, the City, its respective officers, elected officials, employees, representatives, successors and permitted assigns from all liability, whether direct or indirect, and hereby waive all claims, demands, expenses, actions and causes of action which may arise from the publication, reproduction, distribution, modification, collection, disclosure or any other use of the Images and/or Recordings authorized to be collected pursuant to or on this form.
3. I agree to and accept the possibility of flaws, distortions and inaccuracies in the reproduction and/or alteration of the Images or Recordings of me, for whatever reason. I understand and agree that the City has no control over third parties' misuse of the Images and/or Recordings displayed or showcased on the City's website and other publications.
4. I agree that the City may use my name, Images and/or Recordings of me without any payment or compensation to me of any kind.
5. This consent and release form will be governed by the laws of the Province of Ontario.

Consent for Adults *Please complete this section if you are at least 18 years old.*

I am 18 years old or more and have read, understand and voluntarily accept these terms and conditions.

Signature

Date

Consent for Minors *Please complete this section if you are consenting for a minor under 18 years old and you are that minor's parent or legal guardian.*

I am the parent or legally appointed guardian of the person named at the beginning of this form who is under the age of 18 years old and I have the legal authority to represent and bind that person. I have read this form and understand and voluntarily agree to be bound by its contents.

Signature of Parent or Legal Guardian

Name of Parent/Legal Guardian (Please Print)

Date

Street Address

City and Postal Code

Telephone Number