



I _____, hereby permit and authorize the
(Print in Full – First, Middle Initial & Last Name)

City of Markham (the “City”) to take my photograph/image/video footage and/or the
photograph/image/video footage of _____, for
(Print in Full – First, Middle Initial & Last Name)
whom I am the parent or legal guardian.

I acknowledge and agree that the City may publish or use the image for any City purposes by
any means whatsoever including, but not limited to electronic or digital means.

I acknowledge that the City may not be able to control the distribution or use of the image by
other than City or Hospital representatives.

I agree that this Consent and Release is given in perpetuity and for no consideration, credit,
acknowledgement or financial recompense, now and in the future.

I hereby hold the City harmless for any claims, actions, debts, damages, injuries or losses that
may arise or be incurred as a result of the taking, use, publication or distribution of the image
and I agree to indemnify the City against any third party claims, actions, damages, injuries or
losses brought or assessed against or incurred by the City for the use of the image(s).

Contact Information

Signature: _____ Date: _____

Address: _____
Number Street

City Province Postal Code

Telephone: _____ Email: _____

City Representative: _____ Dated: _____