



First Nations Health Authority
Health through wellness

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Photo Release Form

Adult/Minor

Date: _____

Location of Photography/Recording: Thunderbird Hall

I, (please print) _____ give my permission to the First Nations Health Authority to use my photographic image and/or voice recording or that of my child under 18 years (or a child of whom I am legal guardian) without restriction, in any form. I release any ownership of this image and/or voice recording and it becomes the property of the First Nations Health Authority.

I fully understand that the First Nation Health Authority may use this image and/or voice recording in all forms of media (including, without limitation videos, printed materials, public display and exhibition, publish in book form and electronic reproduction and dissemination.

Name of subject **18 years old or older** (please print):

Signature of subject **18 years old or older**

Name(s) of child(ren) **under 18** (please print

Signature of parent or guardian if child(ren) under 18 years:

Witness Signature