



Grey Roots Museum & Archives Photo & Video Release Form

Thank you for participating in our event/program at Grey Roots Museum & Archives. We appreciate your consent to use your photograph(s) and video(s) to help promote and share our activities. Please read the following carefully and provide your consent.

Consent and Release

I, the undersigned, hereby grant Grey Roots Museum & Archives (hereinafter referred to as "the Museum") permission to use my photograph(s) and video(s) (hereinafter referred to as "media") for promotional purposes. This includes, but is not limited to, use in printed materials, online publications, website content, social media platforms, and other marketing or informational materials.

Terms of Use

1. **Usage Rights:** I understand that the media may be used in various media formats and may be distributed, published, or displayed to the public.
2. **No Compensation:** I acknowledge that I will not receive any compensation, monetary or otherwise, for the use of the media.
3. **Ownership:** I agree that all media taken by the Museum's staff, volunteers, or representatives remain the property of the Museum.
4. **No Misrepresentation:** The Museum agrees not to use the media in a way that would misrepresent or distort the context of the image or my person.
5. **Duration of Consent:** This consent remains in effect indefinitely, unless I revoke it in writing. Revocation will not affect any material that has already been produced or distributed.

Waiver and Indemnity

I hereby release, discharge, and agree to hold harmless the Museum, its employees, volunteers, representatives, and assigns from any and all claims, demands, or causes of action that I may have by reason of this authorization or use of my media, including but not limited to any claims for defamation, invasion of privacy, or violation of any statutory right.

Acknowledgment

I have read this release form and fully understand its contents. I am at least 18 years old and have the legal authority to grant these rights, or I am the parent or legal guardian of the minor named below.

Participant Information

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Email: _____

Signature and Date

Signature: _____

Date: _____

If the participant is under 18 years old:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Grey Roots Museum & Archives Contact Information

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