

INDIVIDUAL MEDIA RELEASE

File Hills Qu'Appelle Tribal Council
Treaty Four Governance Centre
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Head Office: (306) 332-8200
Fax: (306) 332-1811

Permission to Use Individual Media

Subject: _____

I grant to File Hills Qu'Appelle Tribal Council, its representatives and employees the right to take photographs and/or audio and/or video and/or media of me and my property in connection with the above-identified subject. I authorize File Hills Qu'Appelle Tribal Council, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that File Hills Qu'Appelle Tribal Council may use such recordings of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

SIGNATURE OF PARTICIPANT		DATE	
FULL NAME OF PARTICIPANT (block letters)		AGE (if participant is a minor)	TELEPHONE NUMBER ()
ADDRESS		PARTICIPANT DESCRIPTION	
CITY - PROVINCE - COUNTRY	POSTAL CODE		
EXTRA NOTES			

SECTION TO BE SIGNED BY THE LEGAL GUARDIAN OF A MINOR PARTICIPANT

I declare and warrant that I have legal custody of the participant and that the participant has signed with my full consent and approval. The consent of no other person is required in order for this release to be binding upon the participant.

SIGNATURE OF LEGAL GUARDIAN		DATE		
FULL NAME OF LEGAL GUARDIAN (block letters)		TELEPHONE NUMBER ()		
ADDRESS	CITY	PROVINCE	COUNTRY	POSTAL CODE

The consent of _____ is also required.