



P.O. Box 1749
Halifax, Nova Scotia
B3J 3A5

To: Halifax Regional Municipality

I hereby give the Halifax Regional Municipality permission to use photographic or digital images of myself and/or *my child on or in the following (initial either or both):

_____ on the Halifax Regional Municipality website.

_____ in any printed media produced by Halifax Regional Municipality or on its behalf.

I certify that no other person's permission is needed to authorize use of the images.

I agree, on behalf of myself and or of my minor child (if applicable), to release the Halifax Regional Municipality in respect of any claims related to the use of the images as outlined above. I also agree to indemnify and save harmless Halifax Regional Municipality against any liability incurred as a result of Halifax Regional Municipality using the images as authorized without the permission of any other person whose permission is necessary which fact was undisclosed by me to the Halifax Regional Municipality.

*** If the person in photograph is a minor (under age 19), please complete this section:**

Minor's name: _____
(please print)

Custodial Parent/Guardian: _____

Name (please print): _____

Address: _____ **City:** _____

Province: _____

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

Witness Signature: _____ (print name) _____