



Conseil Cri de la santé et des services sociaux de la Baie James

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Cree Board of Health and Social Services of James Bay

Photograph & Video Release Form

Event _____

Name of photographer/videographer _____

This release applies to photographic, audio or video recordings collected as part of the event listed on this document only.

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or videotape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area. There is no time limit on the validity of this release.

Photographic, audio or video recordings may be used for the following purposes:

- CBHSSJB public website and internal information network
- CBHSSJB public social media pages including Twitter, Facebook, Flickr
- CBHSSJB official publications
- Job fairs and professional conferences
- In the media (magazines, documentaries, social media and websites of such press organizations as CBC)
- By CBHSSJB partners such as CNC, CNG, Cree School Board and others.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.

Full Name _____

Community _____

Phone _____

Email Address _____

Signature _____ Date _____