

# Media Release Form

This form is to acknowledge and grant permission to Qalipu First Nation and their Partner organizations to use images (photographs and/or video) of the Participant listed below in Section A or B in media productions including:

- Photography
- Print Advertising
- Print Materials/Production
- Internet & Social Media
- Education Programming
- Television Production
- Video Production
- Radio Production

I hereby certify that I am over nineteen years of age. If I am under nineteen years of age, my parents or legal guardians have read this document and have given their consent by signing below. By signing this form, I acknowledge that I have completely read and fully understand the above consent and release. I understand that my participation is voluntary.

<b>Please complete Section A <u>OR</u> Section B and sign below:</b>	
<b>Section A: Please complete this section if you <u>do</u> provide media consent.</b>	
<input type="checkbox"/> By checking this form, I certify that the Qalipu First Nation and/or a third-party organization <b><u>DOES</u></b> have the right to use a reproduction of the likeness of (or images of).	
Participant Name:	Age (if under 19):
Email:	Phone:
Mailing Address:	
Name of Parent/Guardian (if Participant is under the age of 19):	
Signature of Parent/Guardian (if Participant is under the age of 19):	
Signature of Participant (if Participant is over the age of 19):	
Date:	

<b>Section B: Please complete this section if you <u>do not</u> provide media consent.</b>	
<input type="checkbox"/> By checking this form, I certify that the Qalipu First Nation and/or a third-party organization <b><u>DOES NOT</u></b> have the right to use a reproduction of the likeness of (or images of).	
Participant Name:	Age (if under 19):
Email:	Phone:
Mailing Address:	
Name of Parent/Guardian (if Participant is under the age of 19):	
Signature of Parent/Guardian (if Participant is under the age of 19):	
Signature of Participant (if Participant is over the age of 19):	
Date:	

For more information, please contact Qalipu First Nation's Health & Wellness Department  
3 Church Street, Corner Brook, NL A2H 2Z4  
709-634-0996

September 12,  
2023