



**United Way**  
for the City of Kawartha Lakes

## IMAGE RELEASE FORM

*Please sign the following only if you permit \_\_\_\_\_'s recorded image (video, photo or audio) to be used for United Way for the City of Kawartha Lakes' publications and promotions.*

“I DO permit my recorded image (or that of my child), to be used as mentioned above.”

\_\_\_\_\_  
Name of person in picture.

\_\_\_\_\_  
Signature (if over 18)

\_\_\_\_\_  
Name of Parent/Guardian, if applicable

\_\_\_\_\_  
Parent/Guardian, please sign here.

EVENT: \_\_\_\_\_

DATE: \_\_\_\_\_

United Way for the City of Kawartha Lakes thanks you for helping us build a stronger and safer community.