



## Township of Brock Permission to Photograph

I, \_\_\_\_\_,  
(Please print name of participant)

give permission to the Township of Brock to take and use photographs of me and/or my child, and/or my family to illustrate the work of the Township of Brock.

*Note: A child is an individual under the age of 18. Therefore, a signature must be obtained from their parent or guardian.*

I understand that I will not be compensated for my participation in such activities and will seek no payment.

I acknowledge that the Township of Brock is the sole and exclusive owner with respect to the making and development of the above photographs, including all underlying rights and interests.

Name of participant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Participant / guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of participant / guardian (please print)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness (please print)