

PHOTO RELEASE FORM

101-205 Hawkins St., Whitehorse, YT Y1A 1X3 | (867) 633-7892 or 1-800-661-0555, ext. 7892 lotteriesyukon.com | LotteriesYukon@gov.yk.ca

l,	, hereby certify that I am the legal guardian of			
	and hereby giv	ve permission for imag	ges of my child	
captured during		(Event) through video, photo and		
digital camera to be used by		(Organization) for		
the sole purposes of promotion	al material and publication	ons, including its webs	site, fundraising	
or any other like purpose and fu	ırther give my consent fo	or said images to be us	sed by Lotteries	
Yukon for publication in their A	nnual Report and website	e. I further understand	d that by signing	
this release, I waive any and all	present and future comp	pensation rights to the	above stated	
material(s).				
Name of Participant (please pri	nt)		Age:	
Name of Parent/Guardian (plea	ase print)			
Parent/Guardian's Signature: _		Date:		
Address:				
Phone:	E-mail:			

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