Photo and Audio Release Form



I agree that my name and likeness in a photograph or video clip or audio file may be used by the Canadian Foundation for Dietetic Research (CFDR) and may be published on the CFDR and DC website and used by CFDR at their discretion in other promotional materials to profile the dietetic profession and/or the Foundation.

I hereby grant CFDR the permission to use my likeness in a photograph in any and all of its publications, including its websites, without payment or any other consideration.

I hereby grant CFDR the authorization to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing the dietetic profession or the CFDR programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, as well as waive the right to be notified regarding publication, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge CFDR from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am of the age of majority and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Printed Name	Signature	Date
If the person signing is under the age of	majority, there must be consent by a paren	t or guardian, as follows:
I hereby certify that I am the parent or g give my consent without reservation to		named above, and do hereby
Parent/Guardian's Printed Name	Parent/Guardian's Signature	 Date