



# RELEASE FORM

TO: The Corporation of the City of Burlington

RE: \_\_\_\_\_  
(name of individual)

RELATING TO: \_\_\_\_\_  
(name of city program)

In consideration of recognition, I, the undersigned, authorize the city and/or \_\_\_\_\_ to:  
(name of news agency)

- |                    |                              |                             |                          |                              |                             |                                 |                              |                             |
|--------------------|------------------------------|-----------------------------|--------------------------|------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|
| 1. Record the name | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 3. Photograph            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | 5. Make film or video recording | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Interview       | <input type="checkbox"/>     | <input type="checkbox"/>    | 4. Make audio recordings | <input type="checkbox"/>     | <input type="checkbox"/>    | 6. Other, specify: _____        | <input type="checkbox"/>     | <input type="checkbox"/>    |

of the subject individual and to release, distribute, post, publicize or broadcast these records, with the following restrictions:

\_\_\_\_\_  
(Restrictions on activities)

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(signature of the city staff witness)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(relationship to subject individual if signature is by an adult on behalf of the subject individual.)



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\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date)

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