



PHOTO RELEASE

I hereby give Toronto Intergenerational Partnerships permission to use my photograph in visual publications of the organization.

Please print

Name _____

Address _____

City _____ Postal Code _____

Telephone No. _____

Signature _____

Date Signed _____

NOTE: PARENT/GUARDIAN PERMISSION IS REQUIRED IF UNDER 18 YEARS OF AGE. PARENT MAY SIGN AS A WITNESS.

Witnessed By _____

Witness Signature _____