



**Release Form for Photos
(Individual or group photos)**

I, _____

give the Community and Hospital Infection Control Association – Canada (CHICA-Canada) full permission to use the images taken of me (and those portrayed in a group) in unlimited usage and format. This may include print or digital format and for an unlimited duration. In signing below, I also give CHICA-Canada publishing rights of the said images with no financial compensation. I am 18 years of age or older.

Photo Name: _____

Description: _____

Name: _____

Address: _____

City: _____ Province/State: _____

Postal Code/Zip: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

Send completed form to:
CHICA-Canada
PO Box 46125 RPO Westdale
Winnipeg MB R3R 3S3
Email: chicacanada@mts.net
Fax: 1-204-895-9595