

My job R-O-C-K-S! Video Contest

ELECTRONIC RECORDING & PUBLICATION AUTHORIZATION FORM

Name of person visually or audibly present in the video (For additional participants, please resubmit this form separately.)

Full Name:			
Address:			
City:	Province:	Postal Code:	
Phone Number:	Da	ite:	
and/or publish photog		el Association (OSSGA) to use, reproduce hat may pertain to me – including my ima	ge,
by OSSGA in various p print, broadcast, elect conferences, meetings indefinitely unless I wi	ublications, any and all media ronic and news media and for s, and educational events. Th thdraw my permission in writ	erty of OSSGA and the material may be use including, without limitation, the Interner exhibition, distribution, promotion, his authorization form will be honoured ting.	
Full Name :			
		ease print name)	
Signature:		Date:	
	(If release is being provided	on behalf of a minor:)	
the age of 18 years, to	am the parent or guardian of whom this release applies ar	, who is under that I have the legal authority to execute both shall be bound thereby.	
Name of Parent/Guard	dian:		
	(Ple	ease print name)	
Signature:		Date:	
Address:			
City:	Province:	Postal Code:	
Phone Number:	N.B.: F	Please retain a signed copy of this form for your reco	ords.