



Yúustway Health, Wellness & Recreation Services is supporting a VIDEO PROJECT highlighting Squamish Nation Women



If you are a Squamish Nation female (inclusive of all who identify as a female) and would like to have your photo in this video, please send a high quality photo along with the signed medial release on this flyer to:

WELLNESS@SQUAMISH.NET by MAY 27 2019

Please submit your 'jpeg' photo doing something that represents you. This may include participation in various cultural activities such as Canoe, pow wow, singing, drumming, dancing, sports, artwork, or non-cultural activities. **QUESTIONS <> call <>CHARMAINE 604-982-0332** (please note that not all photos will be included in the video. This will be dependent upon the quality of the photo & available space in the video and will be determined by the videographer)

Release Form for Media Recording - Squamish Nation

I, _____, do hereby consent and agree that the Squamish Nation, and their agents and employees, have the right my photograph, videotape, or digital recording and to use this in any and all media, now or hereafter known. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.



I do hereby release to the Squamish Nation, their agents and employees, all rights in the Recording including the right to use the Recording in print and electronic form publicly or privately, and to market and sell copies of the Recording itself or the media that will include the Recording. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that the Recording may be used in a variety of promotional materials, including, but not limited to: newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that the Squamish Nation is not responsible for any expense or liability incurred as a result of my participation in the Recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understood the foregoing statement, and am competent to execute this agreement (or)

I am the parent/guardian of the subject whose name appears above and I consent to these conditions.

Name: _____ Date: _____

Address: _____

Signature: _____ Witness: _____

