



## DOMINION OF CANADA RIFLE ASSOCIATION PERSONAL INFORMATION AND MEDIA RELEASE FORM

I, \_\_\_\_\_, grant permission to Dominion of Canada Rifle Association (DCRA), to use my image (photographs and/or video), name, age, gender and location for the use in Media publications including:

Videos  Email Blasts  Brochures  Newsletters  Magazines  DCRA Placements in General Publications  Website and/or Affiliates  Social Media

I hereby waive any right to inspect or approve the personal information mentioned above, finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the information.

Please initial the paragraph below which is applicable to your present situation:

\_\_\_\_\_ - I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

\_\_\_\_\_ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

(if under 18 years of age)