

MEDIA CONSENT RELEASE FORM

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At various events we sometimes take pictures and/or videos of the participants and activities for promotional and marketing purposes. As such, we request your permission to possibly use images and/or footage of yourself or your child in Coasters Association initiatives, activities and events as well as its two divisions.

NAME OF ADULT:	NAME OF CHILD:
I hereby AUTHORIZE the use of photographs and/or videos of myself for promotional and marketing purposes of the Coasters Association and its two divisions. Please DO NOT use photographs and/or videos of my child or myself to promote Coasters Association and its two divisions. By signing this form, I acknowledge the terms and conditions of the Coasters Association. CONTACT DETAILS	
ADULT/GUARDIAN	MOBILE
E-MAIL	ADDRESS
Signature of adult/guardian	Wellness Centers Northern Research Centers

Signature of adult/guardian