

## FORT WILLIAM FIRST NATION

DATE:
NAME:
ADDRESS:
TELEPHONE:
I HEREBY GRANT FORT WILLIAM FIRST NATION AND THOSE ACTING ON ITS AUTHORIZED BEHALF THE RIGHT TO:
PHOTOGRAPH OR RECORD: MY PERSON MY CHILD MY PROPERTY
OR VOICE ON FILM, VIDEO TAPE, AUDIO TAPE OR OTHER FORMAT FOR (WEBSITE, SOCIAL MEDIA, BILLBOARD, BROCHURE, ADVERTISING ETC.) PURPOSES:
All rights therein and thereto shall be the exclusive property of Fort William First Nation to display and distribute in any manner. I understand that no payments are to be provided. In granting these rights I release Fort William First Nation from any and all actions, claims and demands.
Witness Signature

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