



Photo/Video Release Form

By signing this form, I authorize the Association of Independent Schools & Colleges in Alberta (AISCA) to use my photograph and/or video footage to further their mission of advocacy and support for independent schools in Alberta.

I understand that my photograph or my child's photograph and video footage may be used in a variety of promotional materials, including but not limited to, brochures, newsletters, posters, advertisements for AISCA, AISCA websites, fundraising letters, or annual reports. My photograph or my child's photograph may also be included in media kits or submissions to journalists, websites, social networking sites, and other print and digital communications.

Name (please print)

Name of Parent or guardian (if minor is under 18 years of age)

Signature (parent or guardian signature in the case of a minor)

Contact Information

Phone number

Email address