



Niagara Regional Police Service
&
Ontario Police Video
Training Alliance



www.opvta.com

PRODUCTION RELEASE

Project Name:

I, _____ of _____
(name) (city)

do hereby authorize the Niagara Regional Police Service Video Unit (hereinafter called “the Producers”) to take photographs, videorecordings and/or sound recordings of me for the purpose of the Producers’ video and/or multimedia productions and I agree to consent to and authorize the publication, distribution, duplication, alteration or other use of such photographs, videorecordings and/or sound recordings by the Producers, in any way they may seem advisable, including, without limiting the generality of the foregoing, publication, distribution, duplication, alteration or other use by the Niagara Regional Police Service, the Ontario Police Video Training Alliance, the Ontario Police College or the Canadian Police Knowledge Network (“the Releasees”), and for the consideration aforesaid, I do hereby revise, release and forever discharge the said Releasees and their officers, agents, servants, employees, representatives, successors and assigns, and any person or firm on whose behalf the Releasees act for, from any claim or demand whatsoever with respect to such publication, distribution, duplication, alteration or other use, and I do hereby covenant, acknowledge and declare that the taking of such photographs, videorecordings and/or sound recordings, or the use thereof in any way does not constitute in me, any right of property whatsoever therein and thereto.

Name:

Address:

City:

Postal Code:

Phone: ()

Signature:

Date:

Witness Signature:

Date:

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I, the undersigned, being the parent or legal guardian of the above named minor, do hereby consent to the above authorization and release.

Name:

Relationship to Minor:

Signature:

Date:

Witness Signature:

Date: