



FireSmart Interpretive Trail Art Submissions

Waiver & Photo Release Form

Attach Form with Submission

Please read the following statements. By signing this waiver/release form, you are agreeing to the terms set out in this document.

- The images submitted are mine and I certify that they do not infringe on the property or the rights of any other person or entity, and I have all the necessary rights and authority to submit the artwork.
- I agree to the collection, use and disclosure by the Regional Municipality of Wood Buffalo of my personal information for the purposes of promoting the FireSmart Interpretive Trail and awarding the prize, if any, including but not limited to releasing the name of the selected artist(s) to those who request such information.
- I agree that there will be no financial compensation for my time or expenses for this consent or the use of the images. I hereby release and agree to indemnify and save harmless the Regional Municipality of Wood Buffalo, its agents and employees from any and all claims, demands and causes of action.
- By submitting my artwork, I consent to its public display for the purpose of beautifying the FireSmart Interpretive Trail and understand that my artwork may be photographed and/or recorded on video.
- Should my artwork be chosen, I hereby grant the Regional Municipality of Wood Buffalo the right to use, publish, reproduce, exhibit, display, broadcast, distribute and create derivative works of the artwork in whole or in part, separately or in conjunction with other entries, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) promotions, publications, etc.

In 50 words or less, describe what inspired this design: _____

This agreement shall be binding upon me, my heirs, legal representatives and assigns.

I, _____, have read this document prior to signing it and fully understand its contents and agree to be bound by its terms.

Signature _____ Date: _____

Address _____

Phone Number _____ E-Mail _____

Parent/Guardian (If participant is under 18 years old):

Name _____ Signature _____

Phone Number _____ E-Mail _____

The personal information on this form is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. The personal information will be used to contact winners, and the image and your name may be used in our publications, websites or displays. If you have any questions about the collection or use of this information, contact the Culture and Social Development Branch, Community and Protective Services Department, 9909 Franklin Ave., Fort McMurray, AB T9H 2K4, or call 780.743.7000.