

4-H SASKATCHEWAN CONSENT AND RELEASE FORM



Ι,				
-,	(PLEASE PRINT - FIRST NAME/LAST NAME)			
of				
	(ADDRESS)			
CITY	PROVI	NCE	POSTAL CODE	
for (good and valuable consideration, the receipt and sufficiency of which I ack	knowledge;		
a)	give to United Farmers of Alberta Co-operative Limited, its employees, agents, affiliates and those authorized by the corporation (collectively, "UFA"), the right to use my photographic likeness (the "Content") in any written/electronic/audio/visual format, including its use in advertisement and marketing for UFA products;			
b)	give to UFA the perpetual, irrevocable and non-exclusive right; without any further payment to me; to use, publish, reproduce, transmit throughout the world, in any form or medium, my name, likeness and words spoken or written about the products in any of the above formats to advertise/promote UFA products, and I hereby release UFA from any and all future claims arising from the use or misuse of Content whatsoever and howsoever arising;			
c)	agree that I have no rights to any content or media produced by UFA using the Content and that the Content may be combined with other media, images and graphics and may be modified by UFA, in its sole discretion acting reasonably;			
d)	warrant that my likeness and words are made truthfully and without coercion and that they will not violate the rights of any person; and			
e)	agree that this consent and release form will be governed by the laws of the Province of Alberta.			
SIGN	IED AND DATED this day of	, 20		
WITNESS TO SIGNATURE		SIGNATURE		
PRIN	IT WITNESS NAME			
OR I	F SIGNATORY is an individual AND A MINOR			
WITNESS SIGNATURE			PARENT/GUARDIAN SIGNATURE IF UNDER THE AGE OF MAJORITY IN THEIR PROVINCE OF RESIDENCE.	
Prin	t Name and Address of Witness			