

# Photo Release Form

I hereby grant permission/consent to **Lisa Stocking (Paddle Athabasca or Love N SUP)** to use my photographs or videos take of me taken on Date: \_\_\_\_\_ at

Location: \_\_\_\_\_.

This media can be used in publications, news releases, online and/or in other communications related to promoting business or personal outcomes without compensation.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_