



## Program Registration Form

*Please type or print with black/blue ink to complete this form.*

**Program/Event Name:** \_\_\_\_\_ **Year:** \_\_\_\_\_

### Participant Information

<b>Legal Name:</b>		<b>DOB (optional):</b> M:      D:      Y:
<b>Preferred Name:</b>		<b>Pref. Gender ID:</b>
Address:		
City:	Prov:	Postal Code:
Email:		Phone #: (      )
<b>Parish (Incl. city/town):</b>		Cell #: (      )
Are there any special accommodations required? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		
<b>Emergency Contact:</b>		
Name:		
Home Phone: (      )	Work/Cell Phone: (      )	
Email:	Relationship:	

### Consent/Release to Photograph/Video

I, the undersigned, hereby give permission to The Synod of the Diocese of Niagara (the "Diocese") to photograph/video me and grant the Diocese the right to reproduce, use, exhibit, display, broadcast, distribute, and create derivative works of the photographed and/or filmed images of me, taken for use in connection with the activities of the Diocese or for promoting, publicizing, informing, or programming in connection with the Diocese or its activities.

I further consent to the use of my name in connection with the photograph(s)/video(s) if needed by the Diocese and/or parties designated by the Diocese.

I acknowledge and agree to transfer to the Diocese and/or parties designated by the Diocese, any and all rights, including copyright, which I may have in this material.

I further acknowledge and agree that Diocese and/or parties designated by the Diocese reserves the right to use photos, video or digital images for an unlimited time.

I understand and agree that I will not receive any payment for my time or expenses or any royalty for the publication of the photograph(s)/video(s) or the use of my name and I hereby release the Diocese and/or any parties designated by the Diocese any such claims.

I understand that the Diocese is committed to protecting the confidentiality, privacy, and accuracy of the personal information it collects. The information gathered in this form will be used solely to support the participant's involvement with the parish and the Diocese.

I have read this Consent/Release to Photograph/Video and give my permission as set out above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please complete and return this form by email to**  
[sarah.bird@niagaraanglican.ca](mailto:sarah.bird@niagaraanglican.ca) or [jane.wyse@niagaraanglican.ca](mailto:jane.wyse@niagaraanglican.ca)  
**or by mail to Diocese of Niagara, 252 James St. N., Hamilton, ON L8R 2L3**