



**Cranbrook & District
Community Foundation**



Child's First Name: _____ Birth date: _____

Age: _____ Amount donated: _____

Favourite activity: _____

Who is YOUR hero and WHY?

Organization receiving donation/Cause. Please circle one:

Salvation Army School Lunch Program

SPCA

Friends of Children

Cranbrook and District Community Foundation



Why did you choose to Be a Hero today?:

Photo Release Form –

Cranbrook and District Community Foundation
Office located at #250 - 100 Cranbrook Street N.
Tel: 250-426-1119
Mailing Address: Box 242 Cranbrook, BC V1C 4H8

Permission to Use

Full name of Child: _____

Reason for photograph: Be a Hero campaign

I grant to the Cranbrook and District Community Foundation, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Cranbrook and District Community Foundation its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Cranbrook and District Community Foundation may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature (parent or guardian, over 18 years old): _____

Printed name _____ DATE _____