

MAPLE RIDGE SIDEWALK POETRY PROGRAM 2018 - WAIVER & PHOTO RELEASE FORM

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

- The original work, in the form of a poem(s), 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 work.
- I agree to the collection, use and disclosure by the City of Maple Ridge of my personal information for the purposes of administering and promoting the Sidewalk Poetry Program and selecting the winning entries, if any, including but not limited to releasing the name of the selected participant(s) to those who request such information.
- I agree that there will be no financial compensation for my time or expenses for this consent and in preparing my submission and in the use of my work(s).
- I understand there will be a selection of works chosen by the panel and/or through social media to be imprinted on the sidewalks in Maple Ridge and the decision of the panel will be final.
- I hereby release and agree to indemnify and save harmless the City of Maple Ridge, its agents and employees from any and all claims, demands and causes of action.
- By submitting my work, I consent to its public display for the purpose of promoting the Sidewalk Poetry Program and understand that my work may be photographed and/or videoed for non-commercial purposes.
- Should my work be chosen, I hereby grant the City of Maple Ridge the right to use, publish, reproduce, exhibit, display, broadcast, distribute and create derivative works of the work 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. This agreement shall be binding upon me, my heirs, legal representatives and assigns.

I _____ (print name) 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 BC 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 Records Management Coordinator at snichols@mapleridge.ca or call 604-467-7482.