

THE SUMMIT

AT QUADRA VILLAGE

CALL FOR PHOTOGRAPHY: SUBMISSION & RELEASE FORM

Photographer's First Name: _____

Photographer's Last Name: _____

Title and Department: _____

(for: Island Health staff/medical staff/Marquis staff and volunteers)

If you don't work or volunteer with Island Health or Marquis, check the box that describes your relationship to The Summit:

A family member of an employee

A family member or friend of a resident at MTH

A family member or friend of a resident at OBL

Other: _____

Contact Information (please provide either or both your email or telephone number):

Email Address: _____

Telephone: _____

File Name of submitted photograph 1: _____

File Name of submitted photograph 2: _____

File Name of submitted photograph 3: _____

File Name of submitted photograph 4: _____

File Name of submitted photograph 5: _____

Photo Release:

I agree to the following terms and conditions:

- The photo(s) that I have submitted was/were taken by me and I own the rights to it/them.
- The photo(s) that I have submitted has/have not been copied or reproduced from another source.
- I grant Island Health the right to modify, adapt, exhibit, publish, reproduce, create derivative work from and otherwise use at no charge, and in any medium, for any Island Health business.
- I agree that under no circumstances, including but not limited to, negligence, shall Island Health be liable for any direct, indirect, special, incidental or consequential damages of any kind arising from my submission of a photo.

By typing your initials on this line you are agreeing to the above terms and conditions: _____

Submission Guidelines are available at www.islandhealth.ca/thesummit

Submissions accepted up to September 30, 2019

