



## Day camp 2019

### AUTHORIZATION PICTURES

#### AUTHORIZATION

**This summer, we will take some pictures and/or videos of your child (children) during the activities or outings.**

I authorize the municipality of Canton de Hatley to take some pictures and/or videos of my child (children).

Oui      Non

I authorize the municipality of Canton de Hatley to use those pictures and/or videos on its website and/or publicity/program. \*

Oui      Non

*\* The municipality of Canton de Hatley refrains from using those pictures in a matter that might infringe on a person's privacy or reputation.*

Child (children)'s name : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's/tutor name : \_\_\_\_\_

Parent's/tutor signature : \_\_\_\_\_

Date : \_\_\_\_\_

**RETURN THIS REGISTRATION FORM TO**



**Municipalité du Canton de Hatley**  
4765, chemin de Capelton  
Canton de Hatley (Québec) J0B 2C0