



MUNICIPALITY OF SHUNIAH

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Shuniah History Project Consent and Release Form

Name	
Shuniah Address	
Mailing Address	(if different than above)
Email	
Phone Number	

Purpose of Consent

I, the undersigned, hereby grant permission for the use of the information I provide, including but not limited to my personal stories, photographs, recordings, or other materials, for inclusion in any or all of the following:

History books, pamphlets, promotional materials, social media posts, advertising campaigns, research, and other public-facing content related to the Municipality of Shuniah

Consent Details

Age: I acknowledge that I am at least 18 years of age at the time of signing this consent form.

Scope of Use: I understand that my contributions may be edited, published, reproduced, or distributed in any medium, including print, digital, and online formats, for the purposes stated above.

Rights Waiver: I waive any right to inspect or approve the final product, including written copy or digital content, wherein my contributions appear. I understand that I will not receive any compensation for the use of my contributions.

Voluntary Participation: I acknowledge that my participation is entirely voluntary and that I may withdraw my consent at any time by providing written notice to the Municipality of Shuniah. Withdrawal of consent will not affect materials already published or distributed.

Acknowledgment of Ownership: I affirm that the materials I provide (e.g., photos, stories) are my own and that I have the authority to grant this consent. I agree to hold The Municipality of Shuniah harmless from any claims and claims related to intellectual property rights.

Duration of Consent: This consent is valid indefinitely unless otherwise revoked in writing. I understand that any revocation of consent will apply to future uses but will not affect materials already published or distributed prior to the revocation. In order to revoke my consent in writing, I will need to contact the Clerk at the Municipality of Shuniah.

Signature

By signing below, I acknowledge that I have read and fully understand the terms of this Consent and Release Form. I consent to the use of my information as described above.

Signature: _____

Date: _____