



CONSENT TO INTERVIEW, PHOTOGRAPH, VIDEO AND RELEASE OF INFORMATION

I, the undersigned, _____(name)
of _____(address) authorize Socks 4
Souls Canada and Forgotten People Connection or _____
(name of publication, radio or television) to:

(please indicate "YES" or "NO")

- 1. Interview _____ (by phone, email, and/or in person)
- 2. Photograph _____
- 3. Take video images _____
- 4. Make a voice recording _____
- 5. Use my image or likeness so recorded or photographed

or provide the news media with the information concerning:
_____ (name of person)

Other information related as specified: _____

for publication and/or broadcast in connection with any product or service for any purpose (including, promotion, publication, advertising, broadcast and/or trade) in all markets, media or technology now known or hereafter developed. I consent to the use of the resulting material in perpetuity, without payment or compensation by Socks 4 Souls Canada in any form or translation including radio broadcasts, newspapers and other publications, and other media including television, Internet or film releases if so required.

I acknowledge that by signing this document I shall fully discharge and release Socks 4 Souls Canada, Forgotten People Connection, and/or the Producer and their representatives, respectively from any and all claims, demands, damages actions or causes of actions whatsoever, which I, my heirs, executors, administrators or next of kin may now or hereafter have against them or any part of them, including but not limited to, any claims arising from publication of the materials. I acknowledge by providing this Consent to Interview, Photograph, Video or Release information, such consent cannot be revoked.

Signature of Individual (or Substitute Decision Maker or Legal Guardian)

Decision Maker or Guardian Name (where applicable)

Date

Telephone No.