



NCCIH photo waiver
General consent to use photographer's photograph

I, _____, hereby consent to the general use of my photograph(s) in NCCIH knowledge resources and publications, which may include reports, booklets, fact sheets, infographics, and presentation materials.

I understand that photographs selected for NCCIH knowledge resources and publications are intended to promote the strengths and diversity of First Nations, Inuit, and Métis children, families, and communities throughout Canada. I self-identify as an Indigenous person from Canada.

I certify that I have not used generative AI (artificial intelligence) to create or edit the submitted photograph(s).

I certify that I am the full copyright holder of the submitted photograph(s) and have the right to grant the NCCIH permission to reproduce the photograph(s) in NCCIH knowledge resources and publications. I retain copyright of the photograph(s) and may share the photograph(s) elsewhere as I wish.

I agree that I shall have no claim against the NCCIH or anyone accessing NCCIH knowledge resources and publications, whether online or in print.

I understand that if my photograph(s) submission is accepted for use in NCCIH knowledge resources and publications, I will receive a one time \$50 honorarium for each accepted photograph.

I understand that submitted photograph(s) that portray an image of people will require a Photo Release Form to be completed and signed by each person portrayed in the photograph. This includes a separate Photo Release Form for any individual(s) that may be seen in the background of the photograph. A separate Photo Release Form will also need to be completed and signed by the parent/legal guardian of each child (under 18 years of age) seen in the photograph, regardless of whether the parent/legal guardian took the child's photograph. Any required Photo Release Form(s) will accompany my photograph(s) submission.

By signing this NCCIH Photo Waiver, I confirm that I am 18+ years of age or, if younger than 18 years, my legal guardian's signed consent is provided on this waiver form.

_____ *Full name* _____ *Full name of legal guardian, if applicable*

_____ *Phone* _____ *Email*

Photo credit information:

Photo file name: _____

Photographer name: _____

Year: _____

Location: _____

Activity/description: _____

_____ *Date* _____ *Signature / Signature of legal guardian, if applicable*