



**Activity Professionals of Ontario  
Consent for Photos**

Name of Person Submitting Photo(s) \_\_\_\_\_

Purpose of Photo(s)  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the above referenced photo(s) to be used by Activity Professionals of Ontario (APO) as part of a communication or promotion initiative (i.e. website, newsletter, conventions, workshops, and other APO related programs).

Please PRINT the name(s) of all people in the photo(s)

\_\_\_\_\_  
\_\_\_\_\_

Signatures of all people in the photo(s) (If a Power of Attorney is needed for any above names, please be sure it clearly states POA beside the signature.)

\_\_\_\_\_  
\_\_\_\_\_

Date of Signatures: \_\_\_\_\_

Please fax or mail this completed form, along with photocopy of the photo(s) to  
APO HEAD OFFICE  
7 - 841 Sydney Street  
Suite 156  
Cornwall, Ontario  
K6H 7L2  
Fax 1-888-494-7038

Your support in promoting our profession in a dignified, professional manner is very much appreciated.

Many thanks from the Board, Executive, and Membership.

*Activity Professionals of Ontario (APO) is only requesting this release form to be used for its sole purpose. If your HOME requires a different release form to be used, that will be your responsibility.*