



210 North 7th Street, Canton, MO 63435

# Canton Community Center Inc. Photo Suppression Form

573-288-0550

www.cantoncommunitycenter.com



www.facebook.com/cantonmocommunitycenter

Main Members Last Name		First Name		MI
Street Address		City	State	Zip Code
Primary/Cell/Home Phone	Work Phone	Member E-Mail (email address are not shared/sold)		Effective date of Suppression

Requested Photo Suppression Parties			Please provide Initials in this box for comparison upon any revoke that occurs.
Last Name	First Name	Date of Birth (mm/dd/yy)	Revoke (initial)
Last Name	First Name	Date of Birth (mm/dd/yy)	Revoke (initial)
Last Name	First Name	Date of Birth (mm/dd/yy)	Revoke (initial)
Last Name	First Name	Date of Birth (mm/dd/yy)	Revoke (initial)
Last Name	First Name	Date of Birth (mm/dd/yy)	Revoke (initial)
Last Name	First Name	Date of Birth (mm/dd/yy)	Revoke (initial)
Last Name	First Name	Date of Birth (mm/dd/yy)	Revoke (initial)
Last Name	First Name	Date of Birth (mm/dd/yy)	Revoke (initial)
Last Name	First Name	Date of Birth (mm/dd/yy)	Revoke (initial)

**Agreement**

I hereby request that any photos or videos of myself or the listed party on this form not be used for departmental advertisement use, for in print or social media that is performed by the Canton Community Center. I understand that the Canton Community Center has no control over any photos or videos taken by other patrons or passerby individuals. I understand that a photo or video may still be taken of myself or the listed party on this form with me in the background and I understand that this photo or video will be published as background images at events will be difficult to be removed. The Canton Community Center will do its due diligence in keeping myself and or the listed party on this form from being used, however I understand and agree that the Canton Community Center is run by humans and they may not know at the time of posting/publication who each individual is in a group or background shot. The Canton Community Center will not be held liable for any photos or videos that are published of me and I agree not to sue because of breach of this form. I also agree that if I see myself or the listed party on this form in the general vicinity of someone taking pictures from the Canton Community Center or from anyone they have hired or has volunteered to take photos and videos I will inform them of my photo suppression request. I understand that not all photos may be removed but upon my request the Canton Community Center will do its due diligence in removing said photos or videos. I agree to supply a current photo of each individual on this form so the Canton Community Center has something to compare other photos too. If I wish to revoke this form I will need to initial next to each I wish to revoke.

**Signature (s)**

I have an understanding of this form and agree to the agreement section, IN WITNESS WHEREOF this Photo Suppression Agreement has been executed by the undersigned parties on the date written below.

Member Signature	Date	Parent/Guardian Signature	Date
EFT Authorization Signature (if different from above signature)	Date	Membership Salesperson Signature	Date