

## **Distribution authorization form**

I, the undersigned,	, hereby declare
that I am fully aware of and consent to the distribution of the phase part of the 2024 photo contest organized by Institut nordique	
I agree to the use of my images in all communications from Insti Québec or its partners.	tut nordique du
I understand that these images may be used for promotional, ed informational purposes, and I waive any financial rights or other connection with their use.	
I also authorize the use of my name in connection with the imag	es, if applicable.
I certify that I am of legal age and fully competent to grant this p	oermission.
Name :	
Date :	
Address :	
Email :	
Signature :	