



Consent to Collect, Use and Disclose Stories, Photos, Video and Sound Recordings

I hereby authorize Taber & District Health Foundation (TDHF) and/or their authorized representatives to record me and/or take my photo and use them in communications about TDHF programs and services.

I understand that types of recordings may include but not be limited to still/digital photographs, sound recordings, video recordings (with or without sound), interviews/writing/stories/narratives.

I understand these recordings may be used for publications, promotional materials, media releases, marketing and advertising materials and any other publicly accessible printed/digital material/media.

I understand there are many ways of sharing communication, including printed and electronic methods. I understand that the recording or photo may be shared with a range of people and groups both internal and external to TDHF.

I understand why these recordings and/or photos are being taken and how they may be used. I know that there are risks and benefits to giving this consent. I know that I can stop this consent at any time by informing TDHF in writing to 4326-50 Ave., Taber, AB T1G 1N9 or by email to info@tdhf.ca.

I understand that TDHF cannot control information once it has been shared outside of TDHF.

I understand that if I ask TDHF to stop using my recordings and/or photos it will only stop subsequent use of those recordings and/or photos after the date my request is received by TDHF.

I agree to release and discharge TDHF, the Board of Directors and staff, and those that TDHF is responsible for at law from the responsibility and liability of the content and claims for any printed or electronic communication where my recording or information was used.

I confirm that this release and discharge shall be binding upon my heirs, executors, administrators and assigns.

I authorize TDHF to use my name, address and telephone number to contact me about this consent.

Date _____

Name of Individual Giving Consent _____

Address _____

Phone _____

Email _____

The information on this form, together with any record authorizing a representative to act on behalf on the individual, is being collected under section 22 (3) and 23 of the Health Information Act and/or section 33(c) of the Freedom of Information and Protection of Privacy Act for the purpose of recording consent to the disclosure of health information and/or personal information in the specified recording. Information collected on this form will be retained in the client file. Direct any questions about this to TDHF Director of Fundraising and Development at info@ahs.ca