

Fraser Health Media Consent Form

Your image, voice, comment, testimonial and/or other information (the “Materials”) was recently recorded by or for Fraser Health Authority (“Fraser Health”). You have been asked to review and sign this form in order to provide your consent for Fraser Health to use the Materials. You understand and that your consent is voluntary **and you are under no obligation to sign this consent form.**

By signing this consent form **you irrevocably consent to the use of the Materials** throughout the world by Fraser Health in its sole discretion and **without compensation to you.** “Use” in this consent form means: i) unlimited disclosure of the Materials for internal or external non-commercial use in all forms, media and technologies now known or hereafter developed, including via the Internet; and ii) the right to change or modify the Materials, and to use the Materials alone or to combine them with any other materials. You agree that Fraser Health owns all rights to the Materials and that it may, but is not obligated to disclose your name in connection with its use of the Materials.

You represent and warrant that you waive any rights you may have with respect to the Materials, including any moral rights or any right to inspect or approve the Materials or the context in which Fraser Health uses them.

You acknowledge and agree that you are giving up your rights to sue and that you have no right to approve the use of your image, voice, comment, testimonial or other personal information in the Materials. You agree that Fraser Health and its representatives will not be liable to you for their use of the Materials.

You represent and warrant that you have read and understood this consent form, that you are at least 19 years of age and that you are entitled to enter into this consent form. In the event that any of the Materials include the image, voice or other personal information of a minor under 19 years of age, you represent and warrant that you are the parent or legal guardian of that minor and that you have the authority to, and do, consent and agree on behalf of them. In that case, any references in this consent form to “you” or “your” will be read as references to you on behalf of the minor.

Individual (“You” in this consent form):

Name:		Phone:	
Title: (if applicable)			
Address:			
City:	Province:	Postal Code:	
Signature:		Date:	

Your personal information is being collected under Section 26 of the *Freedom of Information and Protection of Privacy Act* for the purposes described in the consent form above. If you have any questions regarding the collection of your personal information under this consent form, please contact Seana-Lee Hamilton, Manager, Information Privacy, Fraser Health Authority, Suite 100, 13450 – 102nd Avenue, Surrey, B.C. V3T 5X3, Tel: 604-953-5015.

Thank you!

Fraser Health Site/program: _____

Photographer: _____

Program Contact Name/title: _____

Contact Tel: _____

Provide a copy of the signed consent form to the individual(s). Save a copy with the photo in the program/unit file. **If requested**, please email a photo of the signed form to Communications@fraserhealth.ca.

Print only page one for single adult consent.

Print page one and two for groups and consent for minor(s).



Media Consent Form (continued signature page)

Additional Individual(s) (each "You" in consent form on first page):

Name:		Phone:
Title: (if applicable)		
Address:		
City:	Province:	Postal Code:
Signature:		Date:

Name:		Phone:
Title: (if applicable)		
Address:		
City:	Province:	Postal Code:
Signature:		Date:

Name:		Phone:
Title: (if applicable)		
Address:		
City:	Province:	Postal Code:
Signature:		Date:

Name:		Phone:
Title: (if applicable)		
Address:		
City:	Province:	Postal Code:
Signature:		Date:

Minor(s): (if applicable)

Name of Minor:	Age:	
Name of Parent or Legal Guardian: Print clearly please	Phone:	
Address:		
City:	Province:	Postal Code:
Signature of Parent or Legal Guardian:		Date:

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Thank you!

