



## PHOTOGRAPH, AUDIOTAPE, VIDEOTAPE RELEASE FORM

**Please fill in this form. This information is entirely confidential**

I /We \_\_\_\_\_ hereby voluntarily and without compensation authorize the use by the BC Family Hearing Resource Centre of photographs, audiotapes and/or videotapes of myself/ourselves and my/our child, \_\_\_\_\_, along with any siblings that may attend the sessions. I/We understand that these photographs, audiotapes and/or videotapes may be used by the BC Family Hearing Resource Centre in their general publicity, their informational brochures and pamphlets, and their education and training materials for professionals and other parents.

I/We \_\_\_\_\_ choose not to give permission for the BC Family Hearing Resource Centre to use photographs, audiotapes and/or videotapes of myself/ourselves and my/our child, \_\_\_\_\_, along with any siblings that may attend the sessions, at this time.

\_\_\_\_\_  
Name of Parent or Guardian  
(Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

