
**PHOTOGRAPH, AUDIO, VIDEO RECORDING
and SOCIAL MEDIA 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 Society of

- photographs
- audio and/or video recordings
- social media

of me/us and my/our child, _____, along with any siblings that may attend the sessions.

I/We consent for these photographs, audio recordings and/or video recordings to be used by the BC Family Hearing Resource Society in their

- general publicity
- social media
- informational brochures and pamphlets
- education and training materials for professionals
- education and training materials for parents

I/We would like to be contacted each time one of our photographs/ recordings is going to be used. **Yes/ No**

Name of Parent or Guardian
(Please Print)

Date

Signature

If you do not wish to share audio/video footage in this way, please turn over.

I/We _____ choose **not** to give permission for the BC Family Hearing Resource Society to use photographs, audio recordings and/or video recordings or social media of me/us and my/our child, _____, along with any siblings that may attend the sessions.

Name of Parent or Guardian
(Please Print)

Date

Signature

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