



## **Consent and Release for Filming and Photography**

I, \_\_\_\_\_\_, authorize PHSA and/or BC Renal to record my image, voice, likeness, comments or other personal information ("Personal Information") discernible or provided by me during photography, interviews or sound or video recordings (collectively "Recordings") through digital/still photographs, interviews, sound recordings and/or video recordings. I acknowledge that I am participating in the Recordings voluntarily and am free to decline to do so.

I consent to the direct and/or indirect collection, use and disclosure by PHSA and others of any of my Personal Information contained in or associated with the Recordings for informational, health promotion, clinical evaluation, educational, research, editorial, public relations and/or public promotion purposes, including by way of the Internet. I further consent to my personal information being stored, used and disclosed to and accessed by the public at large, including jurisdictions and to persons outside of Canada for these purposes.

I acknowledge that the copyright in the Recordings and all other rights in the Recordings or copies or reproductions thereof, are the sole property of PHSA and/or BC Renal.

I acknowledge that I will not receive any compensation for these Recordings. I understand that my consent does not expire and the raw, unedited Recordings may be retained for an unlimited time.

I hereby release PHSA and/or BC Renal from any and all liability arising from use of the Recordings as set out above, including without limitation use in conjunction with any media activity, broadcast or other publication for any purpose.

By signing below, I confirm that I have read, understood and agree to the terms and conditions of this model release form.

If the subject of the Recordings is under the age of 19, this consent must be signed by the minor's parent or guardian on their behalf.

SIGNED AND DELIVERED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_, 20 \_\_\_\_\_,

WHERE THE SUBJECT IS OVER 19:

SIGNATURE	WITNESS SIGNATURE
SUBJECT NAME (PLEASE PRINT)	WITNESS NAME (PLEASE PRINT)
WHERE THE SUBJECT IS A MINOR:	
PARENT/GUARDIAN SIGNATURE	WITNESS SIGNATURE
PARENT/GUARDIAN NAME (PLEASE PRINT)	WITNESS NAME (PLEASE PRINT)

Your personal information is being collected under Section 26 (c) and (d) of the Freedom of Information and Protection of Privacy Act for the purposes described above. If you have any questions about the collection of personal information, please contact:

NAME & TITLE

**BUSINESS ADDRESS**