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CONSENT TO PUBLISH & PHOTOGRAPH/VIDEO-RECORD

Unless you specify otherwise, your consent to publish and/or photograph and video-record will have no expiry date

CONSENT TO PUBLISH

I, *(Please Print)* _____ hereby give my consent to the Sudbury Hospice (SH) to publish materials provided by me, complete with my name, in hard-copy and electronically including items such as (but not limited to) newsletters, media releases, website, etc.

☐ I do not give my consent to publish.

CONSENT TO PHOTOGRAPH/VIDEO-RECORD

I, *(Please Print)* _____ hereby give my consent to be photographed and/or recorded on video as I participate in any programs and activities of the Sudbury Hospice (SH), and I authorize the SH to use, reproduce, publish, transmit, distribute, and display any photograph(s)/video recording(s) taken of me complete with my name.

I understand that the SH may also use photographs/video recording(s) and/or my name for promotional materials including, but not limited to, multimedia, websites, social media sites, Hospice family album, newsletters, media releases, reports, etc., and that they will remain the property of the SH.

☐ I do not give my consent to photograph/video-record.

INDIVIDUAL ENTERING INTO AGREEMENT:

WITNESS:

Name *(Please Print)*

Name *(Please Print)*

Signature

Signature

Date

Date

Revised January 2017