



Consent for Photograph, videotaping and/or voice recording

To ensure compliance with the Freedom of Information and Protection of Privacy legislation, we ask that you read the following carefully:

I, _____, give informed consent to Cascadia Society for Social Working to use the information below.

- My photo (copy attached to this form)
- Videotaped recording
- Voice recording

The sole purpose of this information will be used in:

- Brochure
- Newsletter
- Media
- Publicity
- Other: _____

I give permission to Cascadia Society, its employees and agents to use this photograph, videotape and/or voice recording for a period of two years, at which time I will need to resign a consent form.

Signature of Individual or Person with Signing Authority

Companion's name

Date (dd/mm/yyyy)

I have explained the above form in the manner best understood by the companion and believe he/she understands the information provided.

Name of Witness

Signature of Witness

Date (dd/mm/yyyy)

DO NOT SIGN UNLESS WITHDRAWING CONSENT _____

Consent withdrawn _____
Signature of Individual or Person with Signing Authority

Date (dd/mm/yyyy)

Reason _____