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Photo/Media Consent Form
Team Possibles/Friday Night Socials/Family Camp/Play Group

I/We _____ (Print Name)

Being the parent(s) and/or legal guardian(s) of _____ (Participant's Name) HEREBY CONSENT TO The Halifax Nova Scotia Down Syndrome Society, to take, exhibit or publish photographs, videos, and sound recordings now or in the future for the following reasons:

Group photographs, or Individual photographs, videos, and sound recordings for videos, and sound recordings for public relations purposes. Public relations may include various media including: newspapers, magazines, radio, television and internet.

Please indicate your consent by checking the appropriate box below.

YES

NO

I/We DECLARE that I have read this consent for photographs, videos, and sound recordings or it has been read and explained to me and I fully understand it and consent. Please sign

Signature: _____ Date: _____