

CONSENT TO USE PHOTOGRAPHS, VIDEO FOOTAGE and DIGITAL IMAGES

I, _____. Hereby agree to permit the Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton and any persons authorized by it to take and produce videotape, photographs, digital images or reproductions of _____ (myself and/or person in this picture) for use, publish, copyright, and otherwise for advertising, fundraising, and/or education purposes.

I give the following instructions (please check those that apply:

- ☐ Given Name only may be used
- ☐ Name may not be used any reasonable steps to ensure anonymity will be taken

I hereby release the Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton, its employees and agents from any and all liability arising out of the taking, production and use of photographs and visual reproductions.

Dated this ____ date of _____, 20____.

Signature of Volunteer/Legal Guardian

Relationship to Volunteer

Witness