

# MEDIA CONSENT FORM

Location: \_\_\_\_\_ Date: \_\_\_\_\_

## Participant Information:

Full Name: \_\_\_\_\_

Date of Birth (YYYY-MM-DD): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Consent Details:

I hereby grant permission to [Organization Name], its representatives, employees, and agents to take photographs, video recordings, and/or audio recordings of me, as well as to use my name and likeness in all forms and media, including composite or modified representations, for the purpose of publicizing and promoting its programs and services. I understand that these materials may be used in various formats, including but not limited to print, digital, and online platforms.

I acknowledge that I will receive no financial compensation for the use of these materials, and that all rights to the images and recordings belong to [Organization Name]. I waive any right to inspect or approve the finished products or the specific use to which they may be applied.

## Confidentiality and Privacy:

[Organization Name] will ensure that all personal information collected is handled in accordance with applicable Canadian privacy laws and regulations. Images and recordings will be stored securely and only accessible to authorized personnel. Consent for use extends only to the purposes described herein unless further consent is obtained.

## Withdrawal of Consent:

I understand that I may withdraw my consent at any time by providing written notice to [Organization Name]. Withdrawal of consent will not affect any use of materials made prior to receipt of such notice.

## Release and Indemnification:

I release and hold harmless [Organization Name], its officers, employees, agents, and assigns from any claims, demands, and causes of action that I may have by reason of this authorization or use of the materials described herein.

## Legal Compliance:

This consent form shall be governed by and construed in accordance with the laws of Canada and the applicable province. Any disputes arising under or in connection with this Consent Form shall be subject to the exclusive jurisdiction of the courts of the applicable province.

## Acknowledgement and Signature:

By signing below, I affirm that I have read this Consent Form in its entirety and understand its contents. I am of legal age and have the right to grant this consent.

**Participant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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