

CONSENT FORM FOR USE OF STORY, PHOTOS, VIDEO RECORDINGS FOR PRINT AND/OR INTERNET USE AND CONSENT FOR FUTURE CONTACT



We would like to use your story, photo or video to promote Niagara Prosperity Initiative (NPI), Niagara Region and activities, services or programs offered by Niagara Region. Stories, photos and videos may be printed or used electronically in ways such as on the Niagara Region website (www.niagararegion.ca) and social media outlets (Facebook, YouTube, Twitter).

Also, as part of NPI's ongoing evaluation of its impact in the community, we would like your permission to contact you in the future about your experience with the program and any impact it has had on you and your family. Contact will only be made with people over the age of 18.

I, *(name of story teller or person in photo / video)*, _____

1. give permission to Niagara Region and persons acting for or through them, consent to use, reproduce and/or distribute stories, photos and videos of me and/or my child:

<i>Child name</i>	<i>Child name</i>	<i>Child name</i>	Yes	No
In the following ways:				
a) Can we use your story / testimonial?			<input type="checkbox"/>	<input type="checkbox"/>
b) Can we use your photo / video?			<input type="checkbox"/>	<input type="checkbox"/>
c) Can we use your name on your story? (meaning we would quote your testimonial)			<input type="checkbox"/>	<input type="checkbox"/>
d) Can we use your name on your photo / video?			<input type="checkbox"/>	<input type="checkbox"/>

If you select 'yes' for use of your story and/or photo/video and select 'no' for use of your name, your name will not be used in any form but your story and/or photo/video may be used.

2. give permission to Niagara Region and persons acting for or through them to contact me in the future in the following ways:

	Yes	No	Please provide your email address and telephone number if you selected 'Yes'.
a) Email	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Telephone	<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature or Signature of Guardian (if under 18)

Date

Please help us improve our program by providing your address. Your address will never be made public and will only be used for statistical purposes.

Address

City

Postal Code

Witness Signature

Date

NOTES:

- If the subject individual is under 18 years of age, his or her parent or guardian must sign.
- Information is collected pursuant to the *Ambulance Act, Building Code Act, Day Nurseries Act, Emergency Management Act, Forestry Act, Health Protection and Promotion Act, Homes for the Aged and Rest Homes Act, Municipal Act, Municipal Freedom of Information and Protection of Privacy Act, Ontario Disability Support Program Act, Ontario Works Act, Planning Act, Police Services Act, Provincial Offences Act, Regional Municipalities Act, Regional Municipality of Niagara Act and/or Social Housing Reform Act.*
- Certain information collected pursuant to the *Ontario Works Act* may only be released with Provincial consent.