

Photo/Video Release Form

Release and authorization

By signing this form, I agree that Passport program can take or use photos and/or videos of me (“the Photos and/or Videos”) when I participate in Passport program activities including events, workshops, webinars, photo and video shoots, whether online or in person, or photos/videos that I've provided for use in a testimonial, social media, newsletters, or on the website.

I agree that Passport program can keep the Photos and/or Videos and use them when they communicate to the general public about Passport program’s activities and work. Examples of how the Photos and/or Videos may be used include:

- Posting them on the Internet, including on Passport program’s website, digital newsletter, email campaigns, and/or social media
- Publishing them in printed materials such as Passport program’s newsletters, reports and other materials

I understand that if I agree to let Passport program use the Photos and/or Videos, other people may learn that I receive services from or work in/for the Passport program if they see the Photos and/or Videos.

I agree that there will be no time limit on how long Passport program can use the Photos and/or Videos for. I agree that Passport program does not have to ask for my opinion on how the Photos and/or Videos are used before they publish them.

I understand that I will not get paid for agreeing to let Passport program use the Photos and/or Videos, or if the Photos and/or Videos are published in printed materials or on the Internet.

I understand that I may withdraw my consent at any time and that if I refuse to sign this form, or withdraw my consent, my relationship with Passport program will not change because of my decision.

Accepted and agreed to by:

Signature	
Name	
Organization	Date
Phone Number and/or email address:	

A separate release form must be completed and signed by each person who is photographed and/or videotaped. The parent or guardian of any dependent person or individual under the age of 18 should complete the box below.

I hereby certify that I am the parent or guardian of the below-named dependent person or minor who is under the age of 18 years. I consent that any images and/or video recording of the dependent or minor and use of the dependent's or minor's name may be used and disclosed for the purposes and under the rights set out above.

Name of Minor or Dependent	
Name of Parent or Guardian	
Signature of Parent or Guardian	
Organization	Date
Phone Number and/or email address of Parent or Guardian:	

Personal information collected pursuant to this form is collected in compliance with the *Freedom of Information and Protection of Privacy Act*. The information will be used for purposes described on this form and for no other purpose without your consent. If you have any questions, please contact Maria Lianos-Carbone, Communications Supervisor at 905.898.6455 ext. 2295, or via email at mlianos-carbone@yssn.ca.

Your Support Services Network is the host agency for Developmental Services Ontario Central East Region and the Communications Lead agency for Developmental Services Ontario and Passport program.

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