

# Consent for Photography, Audio-Visual, Recording or Use of Written Quote/Testimonial Form

I \_\_\_\_\_ give permission to the Ontario Telemedicine Network (OTN) and any persons authorized by OTN, to collect, use and release written quotes/testimonials, photographs, film, tape, sound recordings and any other audio and/or visual reproduction of, or about, me (or the minor for whom I am guardian) \_\_\_\_\_ for the following purpose(s):

- For use in OTN's publications, videos, websites or other promotional materials.
- For release to the media. I understand the OTN cannot be held responsible for final copy and photographs used by the news media.
- Other \_\_\_\_\_

I understand that I have the right to refuse consent and that my refusal will in no way affect any service I receive through the Ontario Telemedicine Network.

I have read and understand this consent and have had all my questions answered to my satisfaction..

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

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Should we need to contact you in future)

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

Witness: \_\_\_\_\_

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

If you have any questions, please don't hesitate to contact OTN anytime between 9 a.m. and 5 p.m. at 416-446-4110. The signatory should be provided with a copy of this release if requested.

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Consent for Photography and Audio Visual Recording can be emailed to [communications@otn.ca](mailto:communications@otn.ca)