

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 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.

Name: _____

Signature: _____

Address: _____

Telephone: _____

Witness: _____

Date: _____

The Consent Form can be faxed to: **(416) 446-4139**.

The signatory should be provided with a copy of this release if requested.

Any future questions about this consent should be directed to OTN's Manager of Communications at 1-866-454-6861.