**RELEASE: PHOTOGRAPH, VIDEO, AUDIO AND/OR STORIES FOR USE BY** **ABLE2**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INFORMED CONSENT**

By signing this consent form, you are agreeing to allow ABLE2 to take and use your photographs, video/film, audio and/or use your story for publicity, promotion and fundraising campaigns, both in print and online.

You are agreeing that this information may be used on the ABLE2 Website and on social media networks of ABLE2, such as Facebook, YouTube, LinkedIn and Twitter.

You understand that once the information is posted, ABLE2 has no control over who is viewing or using the information. The disclosure of this information will become public knowledge and as a result may be re-disclosed by any person or organization that receives the information.

You agree to the use of images/video/audio/stories for as long as you are supported by, volunteering with or employed by ABLE2.

Should you want the photos/video or information removed, please contact ABLE2 at **613-761-9522** or at **info@able2.org** and ABLE2 will stop using your information and will remove any photographs/videos/audio/stories from ABLE2’s social media network/website as soon as possible.

While ABLE2 will make every effort to remove the information, you understand that, once published/posted, it may remain viewable in cached or archived pages, or others may have copied and stored the content. While ABLE2 may have removed the information from its social media sites, it may remain accessible on the internet.

You will not receive any payment or other consideration for this consent.

**Check the box indicating your decision.**

I hereby give consent to ABLE2 to take and use photo/video

I do not give my consent

Notes or instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature \*\*** **Print Name of Person Signing & Relationship to Individual**

**(if Parent/Guardian/Substitute Decision Maker)**

\*\*AUTHORIZATION MUST BE SIGNED BY THE INDIVIDUAL OR IN THE CASE OF A MINOR, BY THE PARENT OR LEGAL GUARDIAN, WHICHEVER IS THE APPROPRIATE LEGAL AUTHORITY. IN THE CASE OF A PERSON WHO HAS A PHYSICAL OR DEVELOPMENTAL DISABILITY WHO HAS BEEN DEEMED TO BE INCAPABLE OF GIVING CONSENT, THE SUBSTITUTE DECISION MAKER MAY GIVE CONSENT ON THEIR BEHALF.

June 29, 2020/v2