



PHOTO CONSENT FORM

The undersigned does hereby authorize the Northern Ontario School of Medicine and/or its associates, assistants, or subcontractors to photograph/record for educational and commercial purposes.

Name (*please print*)

The undersigned authorizes the Northern Ontario School of Medicine to permit the use and display of said photographs and/or recordings in any School publication, multimedia production, display, or advertisement.

The undersigned agrees that the Northern Ontario School of Medicine may use name, likeness, or biographical information supplied by the undersigned.

The undersigned releases and forever discharges the Northern Ontario School of Medicine, its agents, officers and employees from any and all claims and demands arising out of or in connection with the use of said photographs / recordings, including but not limited to, any claims for invasion of privacy or defamation.

Accepted and Agreed:

Signature of Subject

Signature of Witness

Date

The personal information collected on this consent form is collected for the purpose of managing the consent for disclosure of personal information process. Please direct any questions about this collection to the Director of Communications, Northern Ontario School of Medicine, 935 Ramsey Lake Road, Sudbury, Ontario, P3E 2C6, Telephone: (705) 662-7171.