let's talk science
inspiring discovery

Parental/Guardian Photo/Audio/Video Consent Form

I agree that photographs/audio/video recordings taken of my child:

_____
Child's full name (please print)

may be used in whole or in part, for educational, promotional or research purposes of Let's Talk Science. This includes, but is not limited to, catalogues, brochures, posters, magazines, articles, books, multimedia presentations, CD-ROM, DVD, electronic newsletters, Let's Talk Science's websites (letstalkscience.ca, wingsofdiscovery.ca, CurioCity.ca) and Let's Talk Science's social media pages.

Let's Talk Science will not publish names of children alongside or as part of photos/recordings.

I understand that the Internet is not a secure medium; that any material posted on the Internet is accessible to anyone with Internet access and that while Let's Talk Science has made every effort to secure its web site, it cannot guarantee privacy or control access to its web site.

I hereby waive any right to inspect or approve finished photographs/audio/video recordings and subsequent materials that may be used in conjunction therewith or to the eventual use that might be applied.

Parent's/Guardian's Name (please print)	Signature	Date
_____	_____	_____

Please return this form to Let's Talk Science or the Let's Talk Science representative.

For further information, please contact:

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Thank you.

LTS office use--List purpose of the photography/recording (e.g. location, program, intended use)