The Halifax Nova Scotia Down Syndrome Society www. http://halifaxnsdss.ca

Team Possibles / Kid Possibles / Friday Night Socials/ Family Camp / Play Group

PHOTO / MEDIA CONSENT FORM

I/We _____ (Print Name)

Being the parent(s) and/or legal guardian(s) of _____ (Participant's Name)

HEREBY CONSENT TO The Halifax Nova Scotia Down Syndrome Society,

to take, exhibit or publish photographs, videos, and sound recordings now or in the future for the following reasons:

Group photographs, or Individual photographs, videos, and sound recordings for

videos, and sound recordings for public relations purposes Public relations may include various media including: newspapers, magazines, radio, television and internet.

Please indicate your consent by checking the appropriate box below.

YES □

NO □

I/We DECLARE that I have read this consent for photographs, videos, and

sound recordings or it has been read and explained to me and I fully

understand it and consent. Please sign

Signature: _____ Date: _____