



Collaborative Nursing Consent Form Photo/Video

UPDATED: September 24, 2018

The Local Authority Freedom of Information and Protection of Privacy Act requires that personal information about an identifiable individual that is recorded in any form be protected and restricted from public access. Saskatchewan Polytechnic and the University of Regina recognize and respect the importance of the protection of privacy.

I hereby grant permission to Saskatchewan Polytechnic and the University of Regina to take photographs and videos (“Images”) of me, and to make recordings of my voice (“Recordings”). I further grant permission to Saskatchewan Polytechnic and the University of Regina permission to reproduce these Images and Recordings for use in their publications and on their websites, for advertising or promotional purposes. Saskatchewan Polytechnic and the University of Regina may alter or enhance these Images and Recordings in any manner and use these Images and Recordings in any media now known or later developed for advertising or promotional purposes.

The Images and Recordings are the property of Saskatchewan Polytechnic and the University of Regina. I understand that I will receive no compensation for the use and distribution of these Images and Recordings. I have read and understood this document and have given this consent voluntarily.

.....
First and Last Name: _____
[print name]

Email Address: _____

Phone: _____

Signature (if 18 years or older): _____
[signature]

Date: _____

First and Last name of Parent/Guardian (if subject under age 18):

[print name]

Signature of Parent/Guardian: _____
[signature]

Date: _____

For more information please contact:
Saskatchewan Polytechnic: privacyhead@saskpolytech.ca
University of Regina: glenys.sylvestre@uregina.ca

.....

OFFICE USE ONLY	PRF/Note: _____
	Item: _____ Value: _____