



caccn

Consent for Photography & Audio Visual Recording

Please read before signing

Name of Person **to be photographed** (please print)

I consent to the above named person having one or more of the following done: *(please check all that apply)*

- Photography (digitally or on film)
- Videotaping
- Audiotaping (voice recorded)
- Other *(please specify)*: _____

I agree that the **Canadian Association of Critical Care Nurses (CACCN)** members may collect, take, produce, transmit, broadcast and/or disclose photographs, films, sound recordings and any other audio and/or visual reproductions of the above named person for the purposes of using their photograph, video image and voice recording for: (please check all that apply):

- Education
- Publication in print or on the internet
(Please be aware that any images will be available through the public domain).
- Other *(please specify)*: _____

I understand, acknowledge and hereby waive any claim for payment arising from or any use made of the image, recording or information in relation to the above noted purposes.

The CACCN does not by publication of material ensure to anyone the use of such data against liability of any kind.

Signature of person or substitute decision maker

Date and Time

Name of substitute decision maker, if applicable
Please Print

Relationship to Person

Signature of CACCN member

Date and Time

**Credit to The Hospital for Sick Children, Toronto, Ontario who generously shared their consent form, upon which this was modeled.*

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Canadian Association of Critical Care Nurses