

I hereby grant permission to the Simcoe County District School Board (SCDSB) and its agents or representatives to take photographs, videos or audio recordings of me/my child to promote, publicize or explain the SCDSB and its activities and functions and for administrative or educational or training purposes as outlined below.

Date <i>(MM/DD/YYYY)</i>	ISP Group visit to SCDSB <i>Event and Location (provide details)</i>
Who is involved (name of individual or class name)	Photos of students in classroom activities and excursions <i>Describe what is being recorded.</i>
Photos will be used in SCDSB and Learning Centre material, including, but not limited to, SCDSB Mission & Vision materials/video, annual report, brochures, posters, cards, advertisements, slide shows and on school/board/learning centre websites, including social media sites (Facebook, Twitter and/or Instagram)	
Primary Purpose	

I further grant to the SCDSB and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings and name in any media now known or later developed. I acknowledge that the SCDSB owns all rights to the images and recordings.

I further grant consent under the *Municipal Freedom of Information and Protection of Privacy Act* to the SCDSB to collect, use and disclose my image, voice, likeness and name in the video recordings/photographs for the promoting, publicizing or explaining the SCDSB and its activities and for administrative or educational purposes.

Waiver and Release

I hereby waive any right to inspect or approve the use of the images or recordings or of any written copy. I also waive any right to royalties or other compensation arising from or related to the use of the images, recordings, or materials.

I hereby release, and hold harmless the SCDSB, its officers, employees or agents from and against any claims, damages or liability arising from or related to the use of the images, recordings or materials.

I have read this document before signing below and I fully understand the contents, meaning and impact of this consent, waiver, and release. This consent, waiver, and release is binding on me, my heirs, executors, administrators and assigns.

I understand that by giving this consent, I am permitting personal information about me or my child to be used as outlined in this form and further understand that if consent were withheld this use would not occur. I have given this consent voluntarily.

Date <i>(MM/DD/YYYY)</i>	School
Student Last Name	Student First Name
Name of Parent/Guardian/Adult Student	Signature of Student
Name of Parent/Guardian/Adult Student	Signature of Parent/Guardian/Adult Student

Witness Date *(MM/DD/YYYY)*

Personal information including images and recordings in connection with this form is collected under the authority of the *Education Act* including s.170, 171, 198, 199, 264 and 265 and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for promoting, publicizing or explaining the SCDSB and its activities and for administrative, educational or training purposes. Personal information may be disclosed to outside service providers for processing and production. If you have any questions about the collection of personal information please contact the principal of the school or Business Services, 1170 Highway 26, Midhurst, Ontario L9X 1N6, phone (705) 734-6363.