

FORM OF CONSENT Photographies Vidéo and Audio recordings School Year 2019-2020

Throughout the year, the students in the *Conseil scolaire francophone* take part in activities and events that are held in the CSF schools or in the community. During these activities and events, the *Conseil scolaire francophone* may take photographs, make video or audio recordings or give permission to other parties to film, record or carry out interviews.

While we are careful to respect the restrictions imposed by law for the protection of privacy and personal information, it is possible that you or your child may be photographed, filmed or recorded during these activities. We request that you give us formal notice if you do not agree to this.

By signing the present form, you are authorizing us to use photographs or recordings of you or your child for promotional and educational purposes.

If you have any questions regarding the present notice, please contact Pascale Cyr, Coordinator of Public Relations at the Conseil scolaire francophone de la C.-B.

CONSENT OF PARENT/LEGAL GUARDIAN OR PARTICIPANT

CONSENT OF PARE	ENI/LEGAL GUARDIAN OR PARI	ICIPANI
□ AUTHORIZE the CSF and its representation Make video or audio recordings of mysel		
☐ ALSO AUTHORIZE the CSF and it display and exhibit photographs or vid identified, with or without my/his/her na DVDs, exhibits, advertisements, in publ partners, without any further notification	eo and/or audio recordings in which ame, in its publications, multimedia pro- lic or private media, on the CSF webs	I can (or my child can) be oductions, videos, CD-Roms,
□Please check this box IF YOU DO NO publish, communicate, circulate, display can (or my child can) be identified, wi multimedia productions, videos, CD-Rotthe CSF website or on the websites of its	and exhibit photographs or video and/o th or without my/his/her name, in its ms, DVDs, exhibits, advertisements, in	or audio recordings in which I publications, social medias,
Signature of Student / participant	(Name in capital letters)	Date :
Signature of parent / Legal guardian (for participants under the age of 19)	(Name in capital letters)	Date:

F. 604-214-9881