



Thunder Bay Regional
Health Sciences
Centre

Thunder Bay Regional
Health Research
Institute

Thunder Bay Regional
Health Sciences
Foundation

Promotional Media Consent Form

FIRST NAME

LAST NAME

I, the undersigned, hereby agree to permit the Thunder Bay Regional Health Sciences Centre and any persons authorized by it to take and produce photographs, films, sound recordings and any other audio and/or visual reproductions of myself (or a member of my family).

I further agree that Thunder Bay Regional Health Sciences Centre may use, publish (in print or electronic form, including the internet), copyright, sell and otherwise deal with any of the reproductions for: (i) educational purposes; (ii) promotional purposes; and (iii) any other use which the Thunder Bay Regional Health Sciences Centre determines as appropriate.

My signature below indicates my permission to use my given name and surname in association with these recordings, unless indicated otherwise:

Given name only may be used; or

Name may not be used and reasonable steps will be taken to ensure anonymity

DATE

DAY MONTH YEAR

SIGNATURE

RELATIONSHIP TO SUBJECT IF THE CONSENT IS NOT SIGNED BY THE SUBJECT

WITNESS

WITNESS SIGNATURE

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