If you have questions about this form or would like accessibility supports, accommodation and/or a different format, please contact Annemarie Baynton, Program Manager, 416-392-1848.

**Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Activity/Event Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **Individual/Parent/Guardian/Substitute Decision Maker Information** | | | | | |
| First Name | | | | Last Name | |
| Street Number | Street Name | | | | Suite/Unit Number |
| City/Town | | Province | | Postal Code | Telephone Number |
| **Persons for whom permission is being given if different than person signing below:** | | | | | |
| Name (First, Last) | | | Name (First, Last) | | Name (First, Last) |

|  |
| --- |
| **Consent Information** |
| **Consent to Photograph / Videotape / Audiotape / Film / Interview Individuals**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give the City of Toronto  Individual/Parent/Guardian/Substitute Decision Maker Name (First, Last)  permission to photograph, videotape, audiotape and/or interview either myself, or the person on whose behalf I am giving permission named above ("the recordings"), and to publish the recordings in City of Toronto publications/materials, including marketing and promotional materials, and the City of Toronto official Web site, both now and in the future.  The recordings shall constitute the exclusive property of the City of Toronto and may be reproduced by the City and anyone it has authorized, without compensation or payment to the individual(s) being recorded or any other person.  If I am providing the permission on behalf of someone other than myself, I warrant that I have the authority to do so.    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Signature Today’s Date (yyyy-mm-dd) |

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