



MULTIMEDIA AND PUBLICITY CONSENT

Form Number: GA-3 | Revised: 21 Jan. 2019

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I release The Rural Health Professions Action Plan , Alberta Health and their contractors, agents, successors, assigns and licensees from all liability for any claim of infringement of publicity, privacy rights or compensation that I might otherwise have had in connection with the use of my name and likeness, or a representation of my likeness, including rights to any written copy that may be created in connection with video production, editing and promotion therewith.

I have read through the foregoing and fully understand the contents hereof. I am of legal age, or I am the parent or guardian of the above named minor, and hereby give consent on behalf of the said minor. This consent shall be binding upon my heirs, successors, legal representatives and assigns.

Printed name of Participant

Email Address of Participant

Signature of Participant

Signature of Witness

Address

City / Province/ Postal Code

Signature of parent/guardian of participant
(If participant is under 18 years old)

Date

The personal information requested on this form is collected for the purpose of program administration and evaluation. If you have any questions about the collection, use, or disposal of the information requested, please contact: Executive Director, Rural Health Professions Action Plan , 416, 9707 – 110 Street NW, Edmonton, AB T5K 2L9 Phone: 780-423-9911 Fax: 780-423-9917

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