

MULTIMEDIA AND PUBLICITY CONSENT

Form Number: GA-3 | Revised: 8-Oct-2020

I have been informed that The Alberta Rural Physician Action Plan, operating as the Alberta's Rural Health Professions Action Plan ("RhPAP"), will be creating and preparing photographs, video recordings, audio recordings and similar recordings ("Recordings") for use in educational, promotional and advertising materials ("Materials"). Such Recordings and Materials may include, either intentionally or inadvertently, one or more of the image, likeness, voice or name of participants in programs and activities organized, sponsored, or supported by RhPAP.

I allow RhPAP or its representatives to use, reproduce, publish, transmit, distribute, broadcast, and display any Recordings and Materials in any RhPAP publication, multimedia production, video, CD-ROM, DVD, display, advertisement, and on any of the corporate websites or other social media web sites without further notice or my approval of the Recordings and Materials.

I release RhPAP, and its employees, officers, directors, contractors, agents, successors, assigns, and licensees from all liability for all claims, including any claims of infringement of publicity, privacy rights, or compensation that I might otherwise have had in connection with the use of my image, likeness, voice, name, or a representation of my likeness, including rights to any written copy that may be created in connection with audio production, video production, editing, and promotion of the Recordings and Materials.

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
Signature of participant	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