



An EnAbling Change Partnership Project with the Government of Ontario

### Participant Permission and Media Consent Release

Name: \_\_\_\_\_  
(please print name of parent/guardian)

Student's Name: \_\_\_\_\_  
(please print name of student)

- I give my permission for my teen to participate in the *Accessful* program.
- I give permission for Special Education and school staff to share information about my teen with the *Accessful* team, to help support their success in this program.

*Accessful* organizers will be documenting the program. Your child will not be identified by full name at any time. Images may be captured through photographs, audiotape, or videotape and will be used for promotional purposes only.

Footage of activities may be used in print material or on the *Accessful* website; may be posted on social media sites (including but not limited to Facebook, Instagram, Twitter) and/or for broadcasting on television or radio as determined by the *Accessful* staff.

I, \_\_\_\_\_ hereby,  
(please print name of parent/guardian)

- agree and give my permission                      OR                       do not agree and do not give my permission

for *Accessful* to record, film, photograph, audiotape or videotape my teen.

I hereby waive any right to approve the use of these images now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these images. I understand that images may appear in print or electronic form on the Internet or in other publications outside of *Accessful's* control. I agree that I will not hold *Accessful* responsible for any harm that may arise from such unauthorized reproduction.

I have read this **Media Release Consent** and I fully understand the contents and meaning of this release. I understand that in authorizing the release of such information, I am releasing any claim to the protection of personal privacy of my child, which I am entitled to under the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*.

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to the Head of Special Education at your teen's school Friday, Feb. 21, 2020.**