



Grandview Children's Centre  
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## **Release: Photography, Media, Websites and Corporate Social Media**

### **CONSENT TO BE INTERVIEWED, PHOTOGRAPHED AND/OR VIDEOGRAPHED FOR MEDIA, PUBLICITY, GRANDVIEW KIDS WEBSITE AND/OR CORPORATE SOCIAL MEDIA PURPOSES**

*In addition to using photographs and videos for treatment and research purposes, Grandview Children's Centre uses client and family photographs and/or videos and biographical material for publicity, marketing communications, advertising, Grandview Kids website and/or corporate social media sites (e.g. Facebook, Twitter, Instagram, LinkedIn, Youtube) purposes. From time to time the media and other organizations request the loan of photographs (or permission to take photographs) and/or videos for media purposes. Grandview Kids warrants that it will only release photographs or videos that show a client and Grandview Kids in a positive context.*

**I agree to my name, voice, likeness in photographs and/or videos and biographical material being used for the above purposes on an ongoing basis. I expressly release Grandview Kids, its agents, employees and assigns from and against any and all claims that I/we have or many have for invasion of privacy, defamation, copyright or any other cause of action arising out of the production, distribution, broadcast or exhibition of materials produced for said purposes.**

**Should I no longer wish to have my name, biographical material, voice, photographs and/or videotapes used for publicity, Grandview Kids website and/or corporate social media sites (e.g. Facebook, Twitter, Instagram, LinkedIn, YouTube) purposes, I will contact Grandview Kids in writing stating my wish to void this consent.**

IN RESPECT OF:

\_\_\_\_\_  
Name of Client or Non-Client

\_\_\_\_\_  
Date of Birth (if client or non-client is a minor)

\_\_\_\_\_  
Goldcare client ID (to be entered by Grandview staff)

If the participant is a minor (under age 18), I represent that I am the parent or guardian of the minor and I hereby agree that we shall both be bound thereby.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Parent/Guardian/Client/Non-Client

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Print Name of Person Signing

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client or Non-Client

**Every child and youth living life at their full potential.**