



St. John Ambulance

Council for Ontario
15 Toronto Street, Suite 800
Toronto, ON M5C 2E3
Tel: (416) 923-8411
Fax: (416) 923-4856

Photo/Video Permission and Release Form

Name of Participant: _____
Date of Birth of Participant: _____ Age of Participant: _____
Parent/Guardian (if applicable): _____

Please check both boxes below, where applicable:

- I acknowledge and consent to the following:
- On behalf of myself and/or my child, I give permission to St. John Ambulance to record, film and/or photograph myself and/or my child in connection with my/his/her participation in St. John Ambulance activities or events.
 - I agree that all recordings, films and photographs of myself and/or my child that I submit to or that are taken or created by St. John Ambulance (the "Materials") are the property of St. John Ambulance and may be reproduced, in whole or in part, by St. John Ambulance in any format (including, but not limited to: newsletters, booth displays, brochures, digital media, public service announcements, online newsletters and on the world wide web).
 - I agree that the Materials may be used or reproduced at any time at the discretion of St. John Ambulance. I agree that St. John Ambulance may discontinue use of the Materials without notice.
 - I agree that St. John Ambulance will exclusively own all rights, including copyright, in the Materials and all components thereof, and that St. John Ambulance may use the Materials throughout the world, in any manner and in all media as St. John Ambulance may deem appropriate.
 - On behalf of myself and/or my child, I release St. John Ambulance from any claims or actions that I or my child may have arising out of the use by St. John Ambulance of any of the Materials by any person. I agree that St. John Ambulance may freely assign the rights granted herein to any third party in the sole discretion of St. John Ambulance.
 - On behalf of myself and/or my child, I waive any rights of compensation or ownership of the Materials.
- On behalf of myself and/or my child, I agree that St. John Ambulance may publish or reproduce my or my child's name(s), and location details in connection with the Materials, as required.

Authorization:

- I am the age of majority* and I am signing on my own behalf.

* Age of majority: 18 years in AB, MB, ON, PEI, QC, and SK; 19 years in BC, NT, NU, NB, NS, NL, YU

Signature: _____

- I am the parent or legal guardian of the Participant and I am signing on behalf of the Participant.

Relationship to Participant: _____

Signature: _____

Participant Information:

Date Signed: _____	Address: _____
Telephone (H): _____	City: _____
Telephone (W): _____	Province/State: _____
Email: _____	Postal/Zip Code: _____
Organization: _____	Country: _____

Privacy Statement: St. John Ambulance values your privacy. The information contained herein will be used for the purposes as identified above and St. John Ambulance will only release information to which you have consented. Please contact privacy@sja.ca for further information on our privacy policy as required.

For Internal Use Only

Contact Name: _____	SJA Photo Code: _____
Position: _____	Date Received: _____