**MEDIA AUTHORIZATION AND RELEASE**

**FOR SPECIFIC RESEARCH STUDIES**

**SECTION A: To be filled out by the research team.**

If you are obtaining consent for media use **under a specific Bruyère Health REB approved research study**, please complete page 1 of this form before proceeding to the general consent to authorization and release on pages 2-3 of this form.

If you are obtaining consent for media use that is **not specific to a research study**, only complete pages 2-3.

|  |  |
| --- | --- |
| **REB #** | **STUDY TITLE** |
|  |  |
| **NAME OF RESEARCHER** | **CONTACT INFORMATION** |
|  |  |

**SECTION B: To be filled out by the research participant.**

All persons taking photographs, videos, voice recordings, and when using participant feedback/direct quotes for research must obtain signed consent from participants who are recognizable in photographs, videos, voice recordings, or when using direct quotes wherein participants have given explicit consent for use. Crowd scenes where no individual participant is the focal or dominant feature is exempt from this consent.

I consent to the use of my name in association with any such uses as pertaining to the research study named above:

[ ]  Yes

[ ]  No

I consent to the use of my feedback/direct quotes in association with any such uses as pertaining to the research study named above:

[ ]  Yes

[ ]  No

[ ]  **My explicit consent given below is pertaining to the research study named above, not for use with any other study**

 **or Bruyère Health purposes.**

***Please continue to page 2.***

**Photo/Video Authorization and Release**

I hereby grant permission to Bruyère Health the rights of my image, in video or still (photos), and of the likeness and sound of my voice as recorded on audio or video.

I understand that my image may be edited, copied, exhibited, published, or distributed digitally or in print, and waive the right to inspect or approve the finished product wherein my likeness appears.

**REPRODUCTION AND USE**

Bruyère Health has the unrestricted right and permission to copyright and use, re-use, publish, and republish my image in all forms of media (including printed and digital) for promotional purposes (including, but not limited to, advertising, publicity, commercial, or display use including on Bruyère Health’s website and social media), education, fundraising, illustration, exhibition, editorial, trade, or any other purpose whatsoever. This right extends to both domestic and foreign markets on various print and online platforms.

I understand that I will not receive any payment forBruyère Health’s use of my image, likeness, or the sound of my voice. I acknowledge and confirm that all photographs, advertisements, website materials, social media postings, and related records and documents used in, arising out of or related to Bruyère Health’s purposes shall remain the exclusive property of Bruyère Health who shall own all copyright.

**RELEASE OF CLAIMS**

I hereby relinquish any right that I may have to examine or approve the completed print or digital materials featuring my image or their use(s).

Further, I hereby release and discharge Bruyère Health and all persons functioning under their permission or authority (including, but not limited to, associates, affiliates, officers, agents, advertising agencies, designated directors, and employees) from any claims, actions, cause of action, costs or loss of every nature and kind arising out of or related to the use and/or distribution of my image and sound of my voice. This includes claims related to blurring, alteration, distortion, or use in composite form that may occur or be produced in the process of recording, processing, or publishing my image, including any claims for libel or invasion of privacy and also waive any and all rights to any personality rights of myself to Bruyère Health for use on Bruyère Health’s website or in other promotional, advertising or public relations materials, including on social media.

I hereby affirm that I am the age of 18 or over and have the right to contract in my own name. I have read the above document and I fully understand its contents. This agreement shall be binding upon me and my heirs, legal representatives, and assigns.

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information

(email or phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this release is obtained from an individual under the age of 18, the signature of a parent or legal guardian is also required.

Parent or legal guardian

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information

(email or phone): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_