



Consent for Audio/Visual Recording

I hereby consent for _____ (name of Participant, myself) to be:

- Photographed
- Audiotaped
- Videotaped
- Other; specify _____

on the following date(s): _____

I understand that the resulting photographs, audiotape, videotape or other specified medium will be used for the following purpose:

Any and all advertisements/communications for Haliburton Highlands Health Services and the HHHS Foundation (for example, brochures or Annual Report, PowerPoint presentations for the CEO)

Signature of Participant/POA/Guardian

Participant's Current Status
Within HHHS (Staff, Visitor, Patient, Resident etc.)

Date

Witness

Date