



PHOTOGRAPHY / MEDIA CONSENT AND RELEASE FORM

This form must be filled out for anyone who has their picture taken or likeness recorded for the purpose of Public School Boards' Association of Alberta photo competitions.

First Name: _____ Last Name: _____

Address: _____ City, and Postal Code: _____

Phone Number: _____ Email Address: _____

Consent to Photography

I HEREBY GRANT and give the Public School Boards' Association of Alberta permission to use photos or videos (digital or otherwise) of myself and to reproduce the likeness of myself for educational materials, publications, websites, social media, and other consistent purposes. Editing, publication, distribution, broadcast and use of this material shall be at the sole discretion of Public School Boards' Association of Alberta, worldwide, in perpetuity or you withdraw your consent.

Consent to Disclose Identity

Individual's identity, as listed above, ____ MAY ____ MAY NOT be included in the resources listed below as developed and published in print, electronic, or digital format, including any authorized Public School Boards' Association of Alberta website or social media platforms, such as public-schools.ab.ca. Consent takes effect when this agreement is signed.

☐ FIRST NAME, LAST NAME, AND SCHOOL ☐ FIRST NAME AND SCHOOL ONLY ☐ SCHOOL ONLY

Signature of Individual (If over age 18)

Date

Signature of Guardian (If Individual is under 18 years of age)

Date

This form will be placed on file in the Association's office and retained in accordance with approved records retention schedules. Also note that consent may be revoked at any time by so indicating, in writing, to communications@public-schools.ab.ca.

Questions concerning the above may be directed to the PSBAA Privacy Officer, at 780-479-8080 or executivedirector@public-schools.ab.ca.

For internal purposes only: Photo identification number: _____