

## Adult Consent and Release Form for Personal Information Contained in Photos/Videos/Testimonials

Your personal information is being collected under Section 26(c) and 27(1)(a)(i) of the Freedom of Information and Protection of Privacy Act for the purposes described below. Please do not include any comments about other individuals in your testimonials; if third party information is inadvertently provided it will be removed before it is stored. If you have any questions regarding the collection of personal information, please contact:

Director, Open School BC
British Columbia Ministry of Education
Jennifer.Riddel@gov.bc.ca
PO Box 9146 STN PROV GOV
Victoria, BC, V8W 9H1

The Province wishes to use photographs/videos/testimonials that capture my image and opinions with respect to participating in the place-based video series.

I agree that I am entering into this Consent and Release for the use of my photograph/video /testimonial as part of the place-based video series to be used by the Ministry of Education in project related presentations and potentially on future government websites related to curriculum. Photographs/videos/testimonials can be used by the Province in this capacity unless you contact the Project Director to request your photo, video or testimonial removed from the project.

Unless and until I notify the Province otherwise in writing, I consent to the collection, use and disclosure by the Province of any of my personal information contained in the photographs/videos/testimonials for information and public promotion purposes.

I confirm my understanding that: I do not own or have any interest in the photographs/videos /testimonials, or any right to pre-approve use of the photographs/videos/testimonials by the Province; and, I am not entitled to any compensation (financial or otherwise) for any use of the photographs/videos/testimonials by the Province.

BY SIGNING BELOW I CONFIRM THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE TERMS AND CONDITIONS OF THIS CONSENT AND RELEASE.

| (date signed is date effective) | DAY OF       | , 2019                      |  |
|---------------------------------|--------------|-----------------------------|--|
|                                 |              |                             |  |
|                                 |              |                             |  |
| ADULT PARTICIPANT Name          |              | ADULT PARTICIPANT Signature |  |
|                                 |              |                             |  |
|                                 |              |                             |  |
| WITNESS Name                    | <del> </del> | WITNESS Signature           |  |